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ABSTRACT

This curriculum model has been developed by the United States Department of Education to provide a flexible framework for classroom-based drug abuse prevention efforts from kindergarten through grade 12. An introductory chapter discusses the role of prevention, how to use the curriculum model, identifying students at risk for drug use, and integrating curricula and materials. It also provides guideline for curriculum presentation and evaluation. Thereafter, the curriculum model is divided into four grade clusters: K-3, 4-6, 7-8, and 9-12, and each grade cluster is treated in four sections: (1) a background for teachers discussing children's developmental stages and including information on children's beliefs, behaviors, and susceptibilities to using drugs; (2) suggestions for working with parents to keep them informed about what their children are learning in class; (3) suggestions for working with the community to create awareness and support for the schools' prevention efforts; and (4) lesson plans and activities. Each lesson plan specifies a learning objective, background activities with directions for presentation, needed resources, and teacher tips, all geared to a specific grade level range and subject area. Some lesson plans are accompanied by activity pages that may be reproduced for classroom use. The curriculum model also includes information on drugs and their effects and a list of resources for information and for further curriculum development. (TE)

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LEARNING TO LIVE DRUG FREE

A CURRICULUM MODEL FOR PREVENTION

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U.S. Department of Education

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Special Thanks To...

Charles H. Flatter and Kathleen McCormick, principal authors of this curriculum model.

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We Want To Hear From You...

Please send your comments about this curriculum and any samples of locally developed lesson plans you wish to suggest to include in future revisions to the following address:

National Clearinghouse for Alcohol and Drug Information
Department CP1
Box 2345
Rockville, MD 20852

UNITED STATES DEPARTMENT OF EDUCATION

THE SECRETARY

May 1990

Dear Colleague:

Education is a powerful weapon in the war on drugs. Each school, each community, each home has a vital role to play in helping young people remain drug free.

As Secretary of Education, one of my priorities has been to ensure that the Nation's schools are provided with up-to-date, accurate information, both printed and audiovisual materials, to reinforce local prevention efforts.

In keeping with that commitment, I am pleased to present this drug prevention curriculum model for your consideration and use. In it you will find information on the stages of child development as they relate to drug prevention, facts about drugs, suggested lesson plans, tips on working with parents and the community, and a resource section for further information.

This curriculum model has been designed to provide a flexible framework for classroom-based prevention efforts in kindergarten through grade 12. I encourage you to read the document in its entirety to see how the lesson plans and grade cluster information complement and build on each other. Schools are encouraged to revise, adapt, or integrate the model to meet their needs. Schools that do not have a prevention curriculum may choose to use Learning to Live Drug Free as their primary prevention resource. Schools that do have a program may choose to use the information and lessons in this curriculum model to supplement other efforts.

Although the Department does not prescribe curricula, I hope that Learning to Live Drug Free will become a vehicle to tap the creativity and knowledge of successful drug prevention strategies in our Nation's schools. Your comments and suggestions for improvements are welcome. I encourage you to submit your own locally developed lesson plans for possible inclusion in future revisions of the curriculum model.

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Curriculum alone cannot hope to solve the problems of drug use by our youth. A curriculum is only one part of what must be a comprehensive, coordinated plan of attack on drug use that enlists the aid of all segments of the community. This curriculum model is only a beginning. I hope it will also be a catalyst to expand and invigorate our mutual efforts to achieve schools without drugs.

Sincerely,

Lauro F. Cavazos

Lauro F. Cavazos

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Introduction

The Role of Prevention

Educating young people about the hazards of alcohol and other drug use and arming them with skills that deter drug use is an important component of the nation's war against drugs. To combat student drug use most effectively, the entire community must be involved: parents, schools, students, law enforcement authorities, religious and community organizations. Each of these groups must unite behind a consistent message that illegal drug use is wrong and harmful.

Schools are uniquely situated to play a major role in prevention because young people spend much of their time in school and because schools are a major influence in transmitting appropriate standards of behavior. Schools can contribute to the national prevention efforts, not only by presenting accurate information about drugs, but also by developing and enforcing firm, consistent policies that discourage their use and sale. Further information about how to establish a comprehensive drug prevention program is contained in the Department of Education's publication *What Works: Schools Without Drugs*. Copies are available by calling the Department's toll-free number listed in the Resources section of this curriculum model.

Although the use of some drugs by school-age youths has declined recently, drug use continues to be a grave problem. Alcohol use, for example, continues at unacceptably high levels among high school students, and in some communities, crack cocaine has drawn children into a deadly world of drug dealing and drug use. The nation faces an unprecedented assault by new drugs as well as drugs that are significantly more powerful than those available 10 to 15 years ago. These drugs are affecting all segments of society.

Only by working together—every school and every community in the nation—can we teach our children that drug use is dangerous, that it is not the norm for youth, and that it destroys the fabric of our democratic society.

The purpose of the curriculum model

This drug prevention curriculum model provides a framework for prevention education from kindergarten through 12th grade. It provides the basics for starting or expanding drug education; it includes information about drugs, background for teachers on child growth and development, sample lesson plans and activities, and suggestions on working with parents and the community. The format is expandable, so that school districts and individual classroom teachers can add or update information—and create their own lesson plans and activities.

Written primarily for school teachers, administrators, and principals, the curriculum model is also useful for health and social services professionals, parents, business leaders, and other people who want to help prevent drug use among youth.

The need for a curriculum model

Although some states already have developed comprehensive drug prevention curricula, the majority have not. Some recommend that schools develop their own curricula using state guidelines or purchase curricula developed by commercial publishers and nonprofit organizations.

This curriculum model provides a nucleus of information, background, and classroom activities that schools need to begin teaching about drug prevention. It may also be used in conjunction with prevention materials schools may already be using.

The curriculum model has as its foundation research on drug prevention education and familiarity with what works in the classroom. Drug prevention education is an evolving field, and researchers, educators, and policymakers continue to debate the effectiveness of various approaches in changing students' knowledge, attitudes, and behavior. Because of this diversity of approaches, the curriculum model provides a number of ways to work the drug prevention message into school and community life.

The curriculum model philosophy

This curriculum model begins with the premise that most youth do not use drugs. One of its primary purposes, therefore, is to enhance the development of life skills that keep youth from using

drugs. Although the curriculum model includes information about drugs and drug use, it focuses primarily on positive prevention messages: being drug free is something to be proud of; building children's academic and life skills is an important drug prevention strategy; and providing appropriate adult guidance is necessary so that youths will choose to participate in wholesome, healthy activities.

The curriculum model is based on research about human growth and development. The model explores the link between normal child growth and development and the possibility of involvement with illegal drugs. It explains the susceptibility to drugs at various ages, and it provides the rationale for lessons and activities so that teachers and others will understand the importance of presenting specific information and helping build specific skills at various age levels.

As part of this wider perspective on prevention, the curriculum model is built around the theme of responsibility, both individual and civic. Responsibility for self and others is an important component in developing a sense of community. The model provides lessons and activities designed to help students understand that they are an important part of the community, and that responsible behavior includes not using drugs and helping keep their community drug free. The theme of responsibility encourages the teaching of citizenship and ideals that are central to our democracy, such as government by the people and working toward the good of society.

The curriculum model promotes discussions about how children develop and how children at various ages can best learn the prevention message. It provides a framework for various parts of the curriculum, especially classroom lessons and activities and parent and community involvement.

In addition to teaching about responsibility, the curriculum model emphasizes generally accepted values—such as being honest, setting goals, helping friends, and exercising self-discipline—which encourage students to be caring and productive citizens. The lessons focus on activities that provide students with the opportunity to reinforce the norm of non drug use.

Because of the role teachers have in imparting knowledge and because children spend so much time with them, teachers can be important models of responsible, caring behavior. The power of such positive role models will be greatly magnified if every teacher makes a commitment to joining the school drug prevention team.

Infusing the prevention message

The curriculum model introduces the drug prevention message into the general school curriculum through a process by which teachers in a variety of subject areas present drug prevention lessons using skills and information appropriate to their specific subjects. An elementary school teacher, for example, might present a mathematics lesson on the cost to society of illegal drugs. A seventh grade English teacher might use a lesson plan about Tom Sawyer to illustrate the influence of peer pressure and ways in which youths can resist drugs.

Infusing the drug prevention message into a variety of subject areas has several purposes: First, the message is more likely to have an effect if it is presented in different ways and in a variety of subjects, rather than, say, just in health class. Second, infusion reinforces the acquisition of specific academic skills. And third, infusion brings a broader mix of teachers into the school's prevention program and reinforces the importance of teaching young people skills they need to resist drugs.

The curriculum model infuses drug prevention lessons into six subjects—health-physical education, language arts, mathematics, science, social studies, and art-music. Teachers are encouraged to adapt or develop lesson plans for other subject areas, as well.

This curriculum model is a beginning. It has been designed to provide schools with the structure for ongoing drug prevention efforts. While the drug prevention message can and should be incorporated into the total school curriculum, it is not the suggestion of this curriculum model that drug prevention be taught by every teacher, every day, in every class. The intent of this curriculum model is to provide a flexible framework that can accommodate a variety of drug prevention education approaches and techniques. Infusing the message throughout the curriculum, however, provides the unique, powerful reinforcement that the prevention message needs.

How To Use the Curriculum Model

The curriculum model is self-contained, providing a minimum number of lessons and activities for drug prevention education in the schools. It also is a model for more extensive curriculum development at the state and local levels. State and local education officials and teachers are encouraged to add lesson plans and activities (a lesson plan form is provided at the end of each series of lesson plans and activities), add or update background information on drug use and its repercussions, and to suggest additional ways to work with parents and the community.

The success of any classroom program often is linked to appropriate teacher training. In-service training for principals and teachers on how to use this curriculum model would be ideal. The curriculum model attempts to provide enough background information for lessons and activities so that all teachers will feel confident teaching about drug prevention.

In addition, because it is so important for teachers to use the curriculum model and to be part of a schoolwide prevention team, schools should try to arrange time for principals and teachers to become familiar with the entire curriculum model. Principals and teachers may need time to discuss their knowledge and feelings about drugs and drug use, to share curriculum ideas with colleagues at their own and at other grade levels, and then to assess together the effectiveness of various lesson plans and activities and ways they might be improved.

Format

The curriculum model is divided into four grade clusters, K–3, 4–6, 7–8, and 9–12, which reflect a standard grade division of U.S. schools, as well as the standard curriculum format. Because all four grade clusters are combined in the curriculum model, schools with different grade cluster arrangements—middle schools with grades 6–8, for example—may use more than one section. Principals and teachers are encouraged to become familiar with the entire curriculum model, so that they will understand what students are learning at various grade levels and how what they are teaching fits in.

Each grade cluster is divided into four sections:

1. Background for teachers. This section discusses what children are like at various stages of development and includes information about children's beliefs, behaviors, and susceptibility to using drugs. This information and fact sheets, which give background on drug use and drug facts, are linked to lesson plans and activities.

2. Working with parents. This section provides suggestions for working with parents and keeping them informed about what their children are learning in class.

3. Working with the community. This section suggests ways to create awareness and support within the community for the schools' prevention efforts. Examples include how to work with local law enforcement officials, health and social service agencies, religious leaders, the media, merchants, park and recreation officials, and other civic and municipal leaders.

4. Lesson plans and activities. Each lesson plan specifies a learning objective, background, activities with directions for presentation, needed resources, and teacher tips. The grade level range and the subject area are noted on each lesson plan. Some lesson plans are accompanied by activity pages that may be reproduced for classroom use.

The curriculum model also includes information on drugs and their effects and a list of resources for further curriculum development.

Identifying Students at Risk For Drug Use

Included in every school population are some students who are particularly at risk for drug use and its attendant problems, such as dropping out of school, low academic achievement, behavioral problems, juvenile offenses, and teenage pregnancy.

Many of the factors that place youth at risk for drug use are beyond the control of school administrators and teachers; yet educators often become aware of risk factors because of their students' academic performance or behavior. Students at risk—including those who are failing or whose grades have declined noticeably, who skip school, who seem alienated or antisocial—may benefit from the positive messages in this curriculum model. Students will benefit from lessons and activities that help build their sense of self-worth, develop a sense of responsibility for themselves and others, and set goals for the future.

Among the factors that place youth at risk for drug use are the following:

1. family history of alcoholism;
2. family history of criminal or antisocial behavior;
3. family structure and management problems;
4. early antisocial behavior and hyperactivity;
5. drug use or positive attitudes toward use by parents;
6. academic failure, including dropout;
7. poor school attendance;
8. long periods of unsupervised time;
9. lack of motivation to do school work;
10. alienated or antisocial behavior, including violence;
11. physical, sexual, or psychological abuse;
12. health problems, including mental health problems;
13. teenage pregnancy;
14. attempted suicide;
15. poverty and related problems, such as homelessness;
16. a high crime/high drug use environment.

Youths at risk for drug use need more targeted, extensive drug prevention efforts. In addition to using the ideas and activities contained in this curriculum model, schools and community agencies should undertake more concentrated efforts for such students, including special services such as the following:

- before- and after-school child care;
- counseling services;
- alternative learning programs;
- programs that provide support and information to parents in their native language;
- links to social service or philanthropic agencies for provision of food and clothing for families; and
- youth employment programs, especially in urban minority communities.

Integrating Other Curricula and Materials

The curriculum model provides a framework for drug prevention education in the schools. It is not meant to supersede other curricula that schools may be using. In schools that already have curricula, the model may be used as a measure of what is being taught and a guide for further curriculum development. For a discussion of steps schools should take prior to choosing or implementing a curriculum, please refer to the Department's publication *Drug Prevention Curricula: A Guide to Selection and Implementation*. Copies are available by calling the Department's toll-free number listed in the Resources section of this curriculum model.

The model is designed to allow for inclusion of locally designed lesson plans and activities, and other information and materials. For example, state or local law enforcement and social service agencies might have information and materials that can be integrated into classroom lessons or given to parents and the community.

Schools might choose to integrate other materials, such as videotapes, movies, audiotapes, and posters developed by nonprofit and commercial organizations (a partial list of audiovisual materials is included in the resources section at the end of this document).

Guidelines For Curriculum Presentation

Drug prevention education should emphasize:

- that most youths do not use drugs;
- that students should not be separated or grouped according to whether they may be using drugs;
- that information about drugs not be sensationalized;
- that students help themselves and their communities by staying drug free.

Written and audiovisual materials used in drug prevention programs should, at a minimum, include the following:

1. Clear and unequivocal messages that illegal drug use is wrong and harmful for everyone. Illegal drug use includes:

- use of legally prohibited drugs such as marijuana, cocaine, PCP, and "designer drugs";
- use of prescription drugs such as tranquilizers or diet pills for purposes other than as prescribed;
- use of substances such as glues or aerosols that can be inhaled to produce drug-like effects;
- use of legal drugs including alcohol and tobacco by legally underage persons.

2. A clear message that *any* drug use involves risk.
Consuming even small amounts of some drugs can pose hazards to one's health and well being. There should be no mixed messages about the risks of drug use. It is not safe, for example, to try a drug "just once."

3. Up to date and scientifically accurate information.
Materials more than three to four years old should be reviewed carefully. Alcohol and other drug research is advancing rapidly and altering our knowledge about drugs and their effects on a continual basis.

4. Information that is appropriate for the developmental age, interests, and needs of students.
Prevention messages and activities geared toward appropriate developmental stages are more likely to have an effect. Research has shown that targeting drugs individually is critical because the reasons for each drug's use varies greatly. Also, prevention messages should be introduced and taught frequently *before* the pressure for the drug's use begins.

5. Information that reflects an understanding of cultural diversity.
Materials should be sensitive to students' cultural and ethnic backgrounds and should not further harmful stereotypes.

In addition, the following should be *avoided:*

6. Material that provides opportunities for students to make excuses about their behavior.
Young people should understand they are responsible for their own decisions and that they will be held accountable for the consequences of those decisions.

7. Material that includes illustrations or dramatizations that could teach youth how to obtain, prepare, or consume illegal drugs.
Photographs or videos used with prevention lessons should not depict scenes of actual drug use.

8. Material that uses recovering addicts or alcoholics as role models.
The power of confession might be useful in drug intervention programs that offer counseling to drug using students or adults, but it often has the opposite effect on youth who are not using drugs. Material that features recovering addicts implicitly conveys the message to children that a drug user survived and perhaps even became famous or wealthy.

9. Material that uses terms such as social use, responsible use, controlled use, use/abuse; or that describes mind-altering drugs as mood-altering drugs (implying only temporary harm).
Many pro-drug publications falsely imply that there is a "safe" use of mind-altering drugs. Or, they may imply that there are no "good" or "bad" drugs, just improper use of drugs. Material should be examined carefully to ensure that it contains no contradictory messages.

10. Material that teaches that drug use is a child's own decision.
Using an illegal or potentially life-threatening substance should not be held out as a decision for children to make.

Evaluation

Evaluation considerations

Evaluating the effectiveness of the drug prevention curriculum model is an important part of drug prevention efforts. Because the goal of the drug prevention curriculum is to provide facts and skills that will persuade children and youths to remain drug free, the evaluation process requires careful consideration and a somewhat different approach than that used to evaluate other academic curricula.

The evaluation process may include several major tasks: 1) describing the way in which the curriculum and related activities are delivered; 2) assessing whether students have understood information about drugs and their consequences; and 3) assessing whether students' attitudes and/or behavior may have changed over time.

The first evaluation task is designed to improve the curriculum program (for example, to demonstrate the extent to which drug prevention is infused within the overall curriculum, its fit with different subjects and grade levels, or its success in involving parents).

The second evaluation task is similar to those in other curricular areas: Have students grasped the concept of addiction? Do they understand laws regarding minors? Do they understand drug laws? Can they make connections between drug use by individuals and how drugs harm their families, communities, this nation, and the world?

The third task of assessing changes in attitudes and behavior is an ambitious one and ultimately the most important one, for the goal of drug education is to prevent or reduce the use of drugs. Students' attitudes and behavior about drugs are subject to many influences—family, peers, environment, economic situation, physical and mental health—over which schools have no control. It is difficult to separate the influence of a curriculum from the influence of these other forces. At the same time, surveys that report student attitudes and behaviors toward drug use can be used to indicate trends over time among the school population. Surveys of this sort may fall under the requirements of the federally enacted Protection of Pupil Rights Amendment, which is summarized in part VI, page 1.

Surveys can be supplemented by informal measures such as discussions by teachers and principals of what they observed in students following specific lessons or over the course of the school year. All these evaluation methods can be used to inform the community of the prevention program and to improve it over time.

Examples of evaluation activities

Evaluation of the schools' drug prevention education efforts should consider the following general guidelines:

- Information such as facts about drugs and their effects on the human body can be assessed formally and informally, through tests, quizzes, debates, expository writing, class presentations, and science fairs.

- Students need to review and discuss school policies about drugs at least once each year. Assessment of students' knowledge about school policies and regulations may be conducted through anonymous questionnaires.

- Schools periodically, through anonymous surveys of students, should assess students' attitudes about and awareness of drugs and their effects, as well as the availability and use of drugs.

- Schools periodically should assess the curriculum through evaluation forms completed by students, teachers, and parents.

Guidelines for grade cluster evaluations

Evaluation of the effectiveness of lessons and activities within the curriculum model should relate to specific assessment goals for each grade-level division: K–3, 4–6, 7–8, and 9–12.

Some general evaluation considerations follow. (Local colleges and universities, state and local education agencies, and the Department of Education's Regional Centers may offer more specific guidance.)

Grades K–3

The primary focus of evaluation in grades K–3 should be to assess students' awareness of themselves, their skill in asking questions and seeking help, and their ability to assess the credibility of people and messages they encounter.

Grades 4–6

Evaluation in grades 4–6 should focus on students' learning of facts about drugs and about skills necessary to relate to peers. In addition, it should focus on students' understanding of school drug policy and laws related to drug use, manufacture, possession, and sales.

Grades 7–8

Evaluation in grades 7–8 should focus on students' knowledge of facts about drugs, and skills to assess the credibility of people and information, refuse peer pressure, and be aware of the consequences of drug use for families, communities, this nation, and the world.

Grades 9–12

Evaluation in grades 9–12 should focus on students' knowledge of facts about drugs and their effects, skills to refuse peer pressure, ability to set goals for the future and ability to develop skills for further education, employment, and relationships.

Background For Teachers

Grades K–3 (ages 5–8)

Grades K–3 encompass a tremendous developmental range, from children four years of age who are socially, physically, and emotionally immature to nine-year-olds who are on the verge of adolescence. Therefore, although this text will refer to general characteristics, teachers should take into account the actual age and developmental level of students with whom these lessons are used.

Children in grades K–3 are optimistic, eager, and excited about learning. They see that life has a lot to offer and they are impatient with what they perceive as the slowness of the growing-up process.

Children in the K–3 years generally have little or no direct involvement with drugs—although some children do live in environments in which drugs are used, and consequently are exposed to serious drug-related problems, such as violence and lack of responsible adult supervision. Even in such circumstances, young children believe that adults are basically good and want the best for children.

Although most young children have very limited experience with drugs, they are aware of drugs and are curious about them. They may know adults who drink alcohol or smoke, or they may see such activities on television.

Drug prevention education at this young age should:

- help children develop problem-solving and decision-making skills;
- help children assess the validity of information sources;
- enhance children's ability to communicate with trustworthy people in their lives;
- continue to build optimistic, positive self-perceptions in children;
- recognize that children in grades K–3 are motivated by a desire to please others, especially adults, a desire to know how to do things, and a desire to be older than they are.

The curriculum model was developed with the following concepts in mind.

Children in grades K–3 are physiologically immature and continue to need adult guidance and supervision. For example, they still may need help deciding on clothing appropriate for a change in the weather or need reminders about the dangers of crossing a busy street. They need adult supervision for proper nutrition, exercise, relaxation, and rest. Consequently, they need careful and sensitive guidance in developing competence, confidence, and responsibility.

Children in grades K–3 think and learn concretely. They do not have a realistic (adult) sense of space and time; they tend not to think in the abstract or to understand fully ideas or consequences involving the future. They learn by following the behavior of others—especially parents and teachers, older siblings, and heroes from sports, television, movies, and music. They are likely to "do as I do," not to "do as I say." Imitating the behavior of older people is one example of how young children learn concretely. Another example is by manipulating objects during the learning process; touching something makes it real.

Because young children lack the ability to think abstractly, they may have difficulty separating fact from fantasy. These years have a magical quality, and young children in turn love magic and fantasy and perceive them as real. They believe that if they want something to be a certain way, they can wish it so. In their world, the "good guys" always win, and adults always tell you to do the right thing.

Children in grades K–3 have little knowledge about drugs and therefore need information, especially about drugs they may be somewhat familiar with, such as tobacco and alcohol.

Young children are very trusting of adults. They believe that "might makes right," and because they are older and bigger, adults know what is right. Young children trust that adults will not betray them. Consequently, they believe information from adults is credible and accurate—whether it is in the form of a television advertisement or a parent offering them an aspirin for a fever. Unfortunately, this high level of trust also may cause them to engage in

activities, including illegal activities, that could harm them.

Children in grades K–3 generally feel good about themselves. As long as they are not evaluated or punished too harshly at home or school, they tend to feel they can do anything and that their future is very positive. They generally like school and are especially eager to learn to read and to do math. They like to learn about their immediate world, rather than that which is far away. They want to develop their physical and intellectual skills. Receiving negative responses and evaluations of their efforts from trusted adults is the primary factor that interferes with the ongoing development of a sense of self-assurance and competence.

Young children enjoy being with other people, especially other children. Play is the "work" of young children, the way in which they learn and explore the world beyond their own experience. Although young children have limited skills to develop friendships, they work on friendship development in every way they think might work. Sometimes their efforts backfire, and they are rejected by other children. Adults can help guide children in developing social skills and in fostering positive relationships with others.

Even very young children show concern when other children are hurt. In their everyday activities, young children develop notions of fairness, sharing, and kindness.

Young children need time to engage with others of their age in simple, adult-supervised play experiences in which they can learn how to get along with others. During this period, children can develop refusal skills—the ability to say no to a request, demand, or dare from someone their age. Young children are empathic and want to help others. Adults should encourage helpfulness in children, because this quality will encourage strong peer relationships in later years.

In working with children in grades K-3, adults need—

- to understand their role as models of appropriate behavior for children;
- to guide young children in the development of personal responsibility by supervising them and being available as a resource for support and information—while gradually allowing them more independence.
- to help children separate fact from fantasy. This means helping children assess the credibility of information from various sources such as television, a peer, or a trusted adult.

Classroom lessons on drug prevention should follow these guidelines:

- Focus on the present regarding things young children know about or have experienced.
- Place little emphasis on evaluating how well students recall information or perform activities.
- Present lessons in an open and supportive atmosphere.
- Provide opportunities for students to develop a sense of self-confidence.
- Provide opportunities for students to build their skills in decision making and problem solving.
- Help students improve communication skills, especially with family and peers.
- Help students understand that everyone needs help or guidance sometimes and that asking for help when it is needed is a strong, positive behavior that should be developed by everyone.
- Provide some basic information about drugs and their use.
- Foster a learning environment in which students feel comfortable asking questions and making decisions.
- Foster a learning environment in which students are encouraged to be responsible for themselves and others.

Facts About Alcohol and Other Drugs

Grades K–3

Children in grades K–3 generally have limited knowledge about or exposure to drugs, but there are three important reasons for teaching about drug prevention at these grade levels:

1. Information children learn now will form the foundation for all future drug prevention efforts. At these ages, children are open to learning life skills they will need later to accept responsibility for their actions, to resist peer pressure, to seek help with problems, and to respect themselves and others.

2. At these ages, children might be exposed to alcohol, tobacco, or other drugs within the family and have experienced negative effects of drug use.

3. Although drug prevention education should begin in the home, children need the reinforcement of classroom lessons and activities to help develop values that will ensure that they do not use drugs.

Concern about drugs

From what they have heard through the news media and perhaps at home or school, young children are afraid of drugs and may be confused about how they might become involved with drugs. Educators should answer children's questions honestly and straightforwardly and help them to make rational, nonemotional decisions not to become involved with drugs.

Young children may have similar concerns about AIDS. Educators should explain that acquired immunodeficiency syndrome (AIDS) is spread by a virus that is difficult to transmit from person to person (see Part VI, page 3 for information on the link between drugs and AIDS).

Information about drugs

The names, classifications, and effects of drugs are included at the end of this document (Part VI, pages 12–22).

In grades K–3 drug prevention lessons should focus on alcohol, tobacco, marijuana, and other drugs to which these children are more likely to be exposed. They need to understand that these drugs are harmful, and that using them can lead to dependence and can damage their health.

Children in these grades need to be able to distinguish medicines from illegal drugs. They also need to be able to determine from whom they may take medicine.

Drug prevention education

Drug prevention lessons and activities in grades K–3 should:

- keep information simple and direct;
- focus on life skills, such as decision making and problem solving;
- not glamorize or instill inappropriate fear about drugs;
- emphasize that most people do not use drugs;
- emphasize the development of responsibility for self and others;
- encourage the development of self-confidence; and
- emphasize information over evaluation and testing.

Working With Parents

Grades K–3

Background

Most parents of children in grades K–3 are interested in their children and want to be involved with all aspects of their growth and development. Children at these ages are still very tied to parents: they want parents around, seek their advice, and ask for help with various learning tasks. Consequently, efforts on the part of the school to get parents involved in the education of their children in grades K–3 are likely to be successful.

Some of the best ways to get parents involved in school are through regularly scheduled conferences, back-to-school nights, parent newsletters, field trips and class parties, and tutoring or help-with-homework sessions. Parents of children at this age level usually are willing to help out in school when they can. Parents may need information about drugs and drug use as well as suggestions on what they can do at home to reinforce the drug prevention message.

In working with parents of children in grades K–3, keep in mind the following:

- Most parents do not believe that their children would become involved with drugs.
- Many parents may need help to talk with their children about drugs.
- Some parents might not know important facts about drugs, such as their names and how they are used.
- Parents might not know how much their children know about drugs.
- Parents might push their children into situations they cannot handle socially, emotionally, or intellectually.
- Parents need to know what their children are learning and experiencing at school.
- Some parents have alcohol and other drug problems that make it difficult for them to deal with the drug prevention message.

Suggestions for involving parents

To enhance parents' involvement in drug prevention, consider doing the following activities:

- Have students take home a copy of the Fact Page for grades K–3 in Part II, page 3.
- Send parents a regular newsletter describing and updating curriculum efforts, including those related to drug prevention.
- Encourage the local parent-school organization to conduct a program for parents on drug prevention education. Be sure to schedule activities and events to accommodate the needs of parents who work outside the home.
- Invite parents to visit their children's classrooms and participate in school activities so they will know what their children are learning.
- Send parents information on drugs and how they are used from the Resources section at the end of this curriculum model.
- Send parents lists of local sources of information and local treatment programs for drug abuse.

Working With the Community

Grades K–3

Children in grades K–3 are the pride of most communities. They are looked upon with hope, enthusiasm, and approval. Young children are innocent, vulnerable, and eager to learn, and communities are especially concerned about protecting them from danger, including drugs.

Americans want young children to retain their innocence as long as possible. Yet through movies, television, and sometimes real life, even young children are exposed to drugs and are curious or concerned about drug use. Drug prevention education consequently must begin early, at the kindergarten level, so that children learn how to resist pressures to use drugs and other harmful influences and how to make healthy, safe decisions.

As educators of these young children, school administrators and teachers have influence well beyond the classroom. Educators know children and children's needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, the news media, health and social service agencies, business leaders, merchants, park and recreation officials, planners, and other community leaders can work with the schools to help keep children off drugs.

School administrators and teachers can form alliances with community agencies and businesses to further the prevention efforts. For example, schools can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent drug use.
- Ask local businesses and other employers to provide or help fund day care, including care before and after school.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ensure that sidewalks and streets around school buildings are safe and in good repair.
- Maintain and beautify school recreational facilities, including playgrounds.
- Encourage private-sector support for special programs, field trips, and extra resources for school texts, materials, and teacher recognition programs.
- Encourage local newspaper, television, and radio coverage of positive news about children in grades K–3.
- Ask community leaders such as police, fire, and recreation officials, to speak to K–3 classes about the importance of remaining drug free.
- Carefully screen adults working with young children.
- Encourage cross-age tutoring or activities using older elementary students or even senior citizens.
- Encourage Adopt-a-School programs by local businesses.

K–3

Good Person

OBJECTIVE:

To know that to feel good about yourself is okay and to identify good things about yourself.

BACKGROUND:

To know yourself well enough to feel good about yourself is an important first step toward accepting yourself. Accepting yourself is essential to the development of self-esteem. While children this age may feel good about themselves, they may be beginning to receive negative feedback and evaluation from parents, teachers, and others. Because they perceive that their accomplishments are not as great as those of older siblings or their parents, and because they might feel they disappoint parents by not meeting parental expectations, children may begin to see themselves as unacceptable. They consequently need help in discovering good things about themselves and in accepting themselves as good persons with the potential for growing, learning, and contributing.

ACTIVITIES:

Explain that long ago people had shields—protective devices that had a design or crest, that showed something about the people carrying them. Using the "Good Person Shield" design (next page), have each student draw in the sections things about themselves which make them feel good about themselves.

Have students show their shields to classmates and discuss ways in which they can continue to develop these good things.

Make a bulletin board display of the shields.

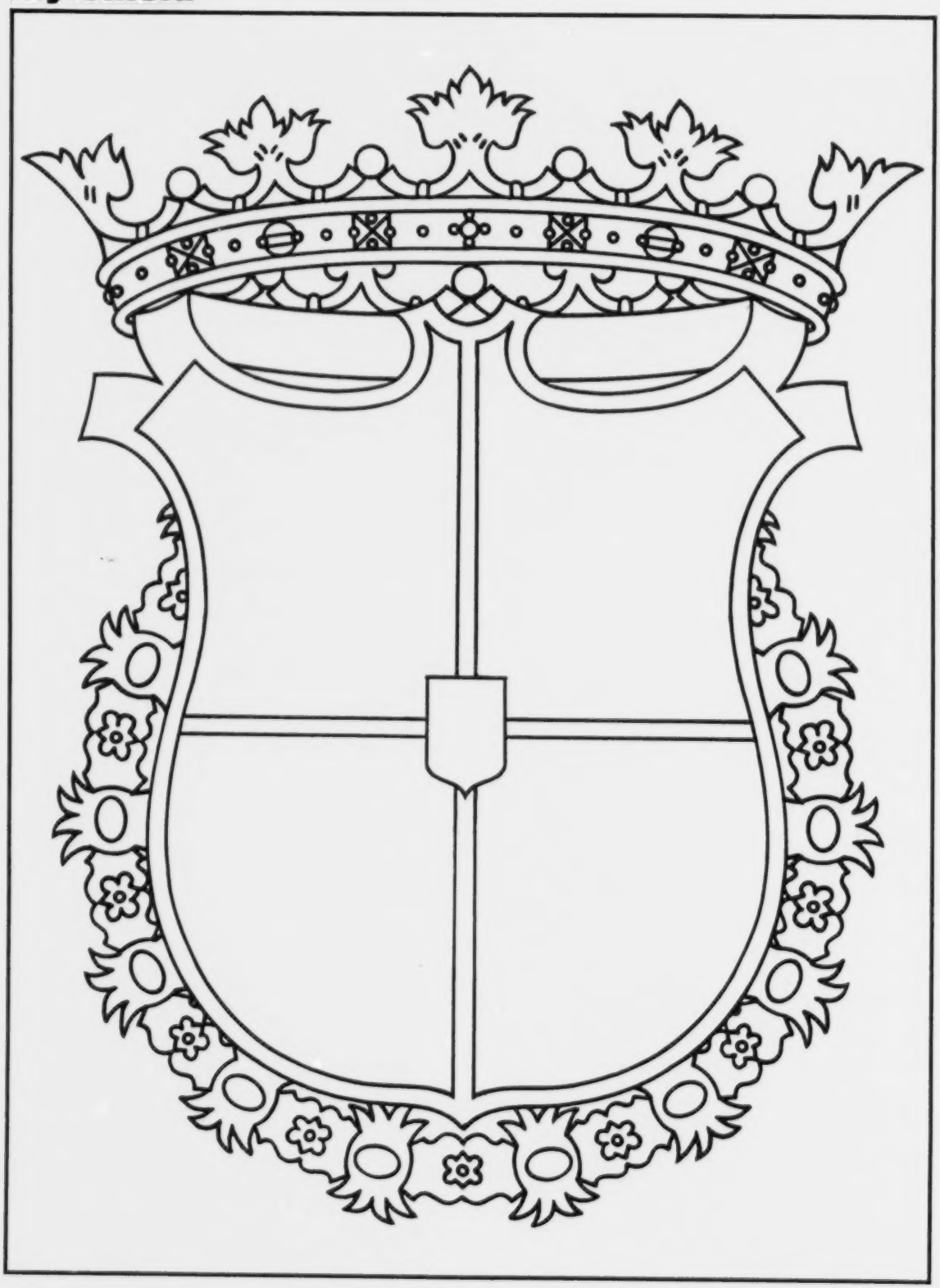
RESOURCES:

A copy of the "Good Person Shield" (next page) for each student; crayons or colored markers; scissors; bulletin board.

TEACHER TIPS:

- Make sure students prepare shields that show some good things about themselves. You can help by suggesting some things you know about your students.
- Some children may be uncomfortable sharing their shields with classmates. The same purpose will be served if the students share their shields only with the teacher.
- Have students take their shields home to their families.

My Shield



K–3

Labeling Drugs

OBJECTIVE:

To identify and label medicines and illegal drugs that children may encounter and to distinguish between substances that may be helpful and those that are harmful.

BACKGROUND:

Young children should be made aware that there are medicines that are good for us when we are sick and illegal drugs that harm us. Children should know that medicines can be essential to our general health and well-being when used as directed by the person for whom it was prescribed. They should also know that medicines are given to them by a credible person, such as a parent or the school nurse, who wants them to feel better and be healthier. It's important for children to be able to distinguish between medicines and illegal drugs so that they won't resist taking medicines but will resist accepting harmful drugs.

ACTIVITIES:

Ask students to help you create a list of drugs, and write the list on the chalkboard (examples: aspirin, cough syrup, tobacco). Have cut-out copies of the plus and minus signs (next page) available for the discussion.

Discuss each drug and explain whether it is a medicine (helpful) or a drug they should not take (harmful and illegal). With students' help, tape a plus sign next to each medicine on the chalkboard and a minus sign next to each illegal drug.

Discuss how each medicine on the list can help make people well and healthy (example: aspirin reduces swelling and pain; cough syrup calms a cough). Explain that medicines are accompanied by directions on how much to take and when to use them (too much medicine or the wrong medicine can make people sick).

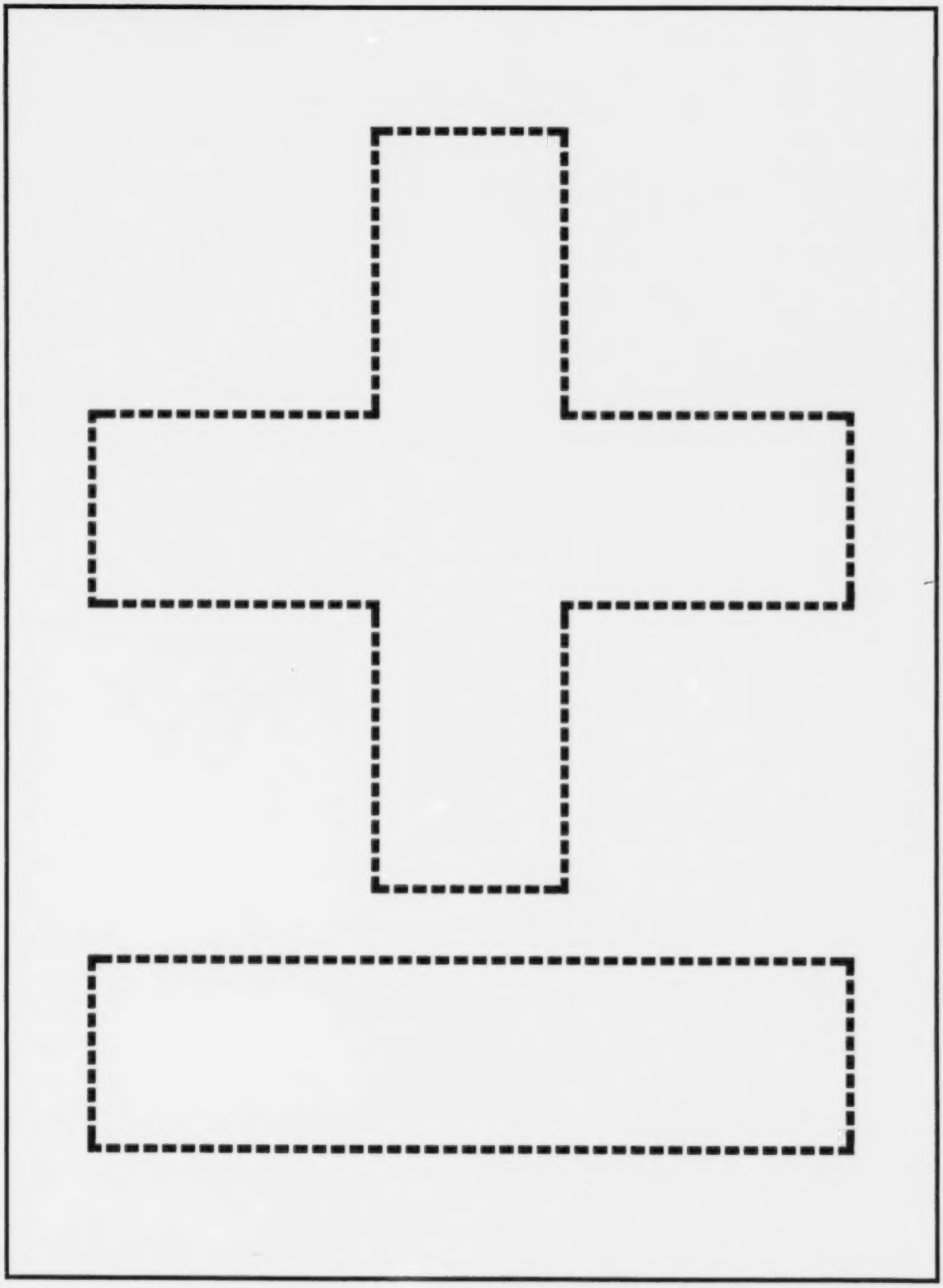
RESOURCES:

Plus and minus signs (copied and cut out from the next page); scissors; tape; chalkboard.

TEACHER TIPS:

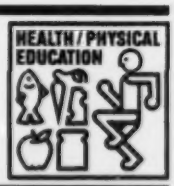
- For illegal drugs, provide some examples of common or street names from the drug chart in the Resources section at the end of this document.
- Prepare your own list of medicines and illegal drugs, in case students have trouble coming up with suggestions.

Plus and Minus



K–3

Helping Others



OBJECTIVE:

To encourage the positive social skill of helping others.

BACKGROUND:

The development of social skills varies among children. Some children, through home and early childhood training, have developed the social skills needed for getting along with others. Skills such as cooperation, sharing, following directions, and listening are clearly established in many young children but might need work in others. One major social skill—helping others—is necessary for developing a sense of civic responsibility. Helping others without payment or gain can take many forms. One example is to be responsible about health habits by not spreading illness or disease.

ACTIVITIES:

As part of a lesson on communicable diseases, discuss personal behavior that helps others (examples: washing hands before handling food and after using the bathroom; covering mouth when coughing and sneezing and washing hands afterwards; staying home when sick). Have students—on their own or within groups—prepare posters depicting themselves helping others by not spreading illness or disease. Display the posters throughout the school.

RESOURCES:

Posterboard or paper; crayons or colored markers.

TEACHER TIPS:

- Young children initially might not see that helping prevent the spread of illness or disease is helping others in the same way as opening a door, taking turns, or helping a friend with a classroom assignment. Taking responsibility for personal health habits is important to developing a sense of responsibility for others' welfare in society. You might need to explain why personal health habits are so important: They keep our families and friends healthy so they can feel well, do their jobs, go to school, and help other people in our neighborhoods and communities.

K–3

Friends

OBJECTIVE:

To learn about how to be a friend and how to know the qualities of a friend.

BACKGROUND:

It's important to learn skills associated with developing friendships at an early age. Friendships help people learn about new ideas, deal with problems, cope with stress, and feel good about themselves. Some children have these skills well developed by the time they enter school. Others need help; they might hit another child or knock down their building blocks because they do not know how to demonstrate that they want to be friends. To develop friendships, children need to work on the essential skills of sharing, listening, and cooperating.

ACTIVITIES:

Write the words Sharing, Listening, and Cooperating in large print on the chalkboard. Ask students to explain what these three words mean. Next to each, list students' suggested meanings in two columns—1) having a friend, and 2) being a friend.

Using an issue they can relate to, discuss with students how sharing, listening, and cooperating are essential to getting along together (examples: taking turns with playground equipment; helping each other with a class assignment; talking with a friend who is upset).

RESOURCES:

Chalkboard, pictures depicting the qualities of sharing, listening, and cooperating.

TEACHER TIPS:

- Students initially might be reluctant to discuss issues such as how to be a friend. They may remain silent because they are embarrassed to try to put their thoughts about friendship into words, or because it is a bigger risk than they are willing to take. Be prepared to suggest ideas and examples to get and keep the discussion going.

K–3

Feelings

OBJECTIVE:

To help children identify feelings and to understand how feelings affect behavior.

BACKGROUND:

Children might not always believe it is okay to have feelings. They also might not know what their feelings are or how to deal with them. Children who can identify their own feelings as well as the feelings of others are better able to communicate and establish relationships with others. They understand how a person or a situation is really affecting them and what they need to do to feel comfortable or in control. When children can label feelings, they can more easily accept them and acknowledge how their feelings affect what they and others do. An important aspect of labeling feelings is having the appropriate words to identify specific feelings.

ACTIVITIES:

In a comfortable classroom atmosphere, have students make a list of all the feelings they know (examples: happy, sad, concerned, worried, shy, frightened).

Have students describe the characteristics of a person who is experiencing a specific feeling. For example, what are the facial expressions and body posture of a happy person? How does a happy person talk? Does a happy person look relaxed or worried?

Using the Clown Pal (next page), have each student draw and label a feeling on the face. Prepare a bulletin board with the drawn and labeled clown faces.

As an alternate or follow-up activity, have children dramatize a feeling they have experienced. Encourage them to express the feeling with their voice, body posture, facial expression, and movement.

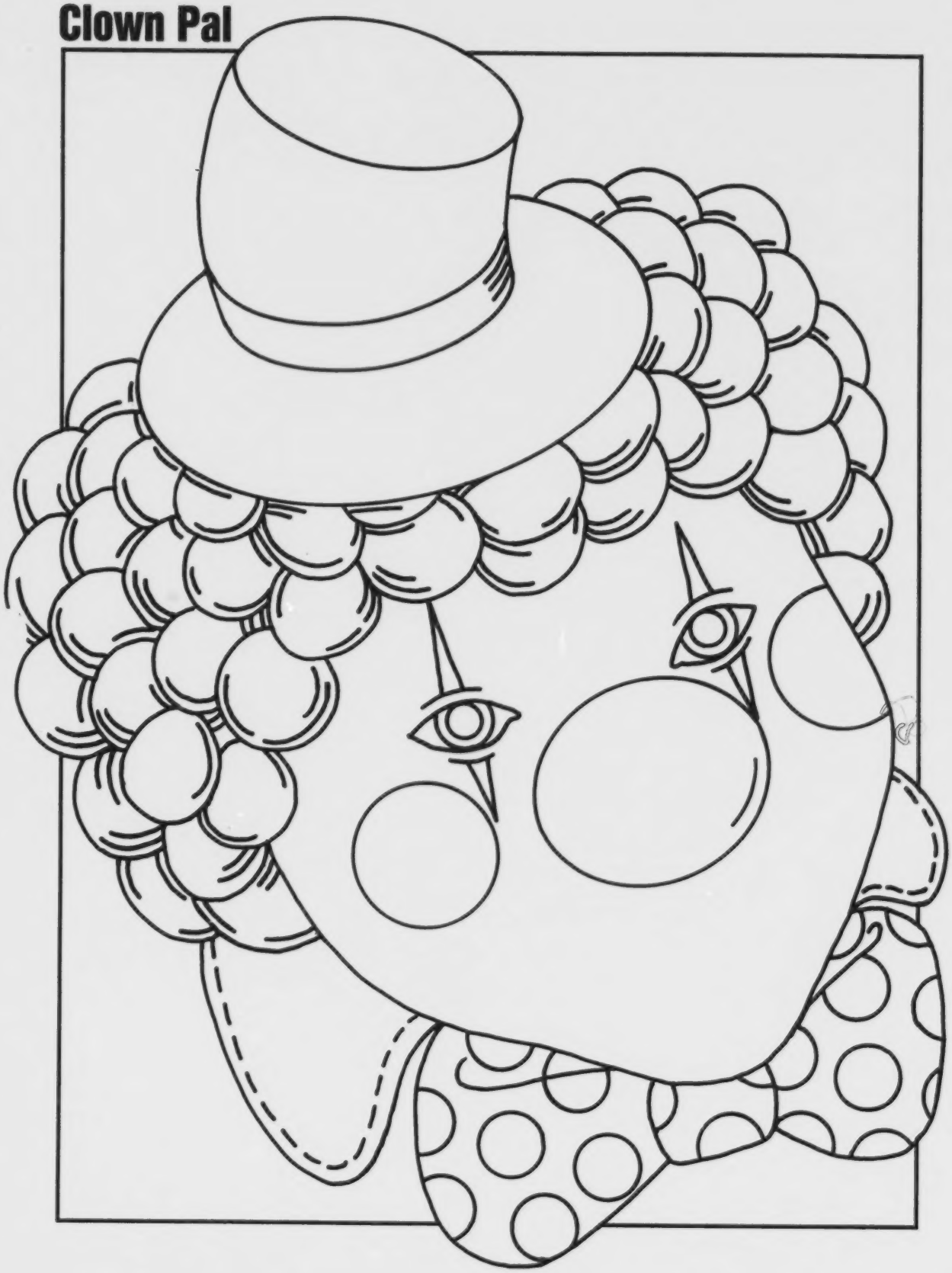
RESOURCES:

Clown Pal (next page) for each student; crayons or colored markers; (optional) newspaper and magazine photographs that show people's feelings (you might ask students to bring in samples).

TEACHER TIPS:

- Encourage all students to participate in these activities, but do not force them on students who are reluctant. Some children may feel comfortable only in completing the clown picture.

Clown Pal



K–3

People We Trust

OBJECTIVE:

To identify the appropriate persons from whom a child can safely take medicine.

BACKGROUND:

It is not enough for children in the early years to know the difference between medicines and harmful drugs. They must also be aware that there are persons from whom they should take a medicine and others from whom they should not. Children rely on adults to give them medicine when they are ill. Medicines should be given to the children by only a few known, trusted persons. Children should not receive medication from strangers, peers, or adults other than a parent (or caretaker), physician, or nurse, except with the written permission of a parent or guardian. Learning this rule for taking medications will help children understand that they must not accept any kind of medicine offered by anyone but authorized adults.

ACTIVITIES:

Have students suggest a list of possible persons who might give them medicine (examples: mother, brother, doctor, caregiver, neighbor, stranger). Write these names on the chalkboard. Discuss, name by name, whether the person is one from whom the child should take a medicine.

Discuss why some people would be inappropriate, cross out the names of persons from whom students should not take drugs. Tape the cut-out smiling faces (next page), next to the names of people from whom they can take a medicine.

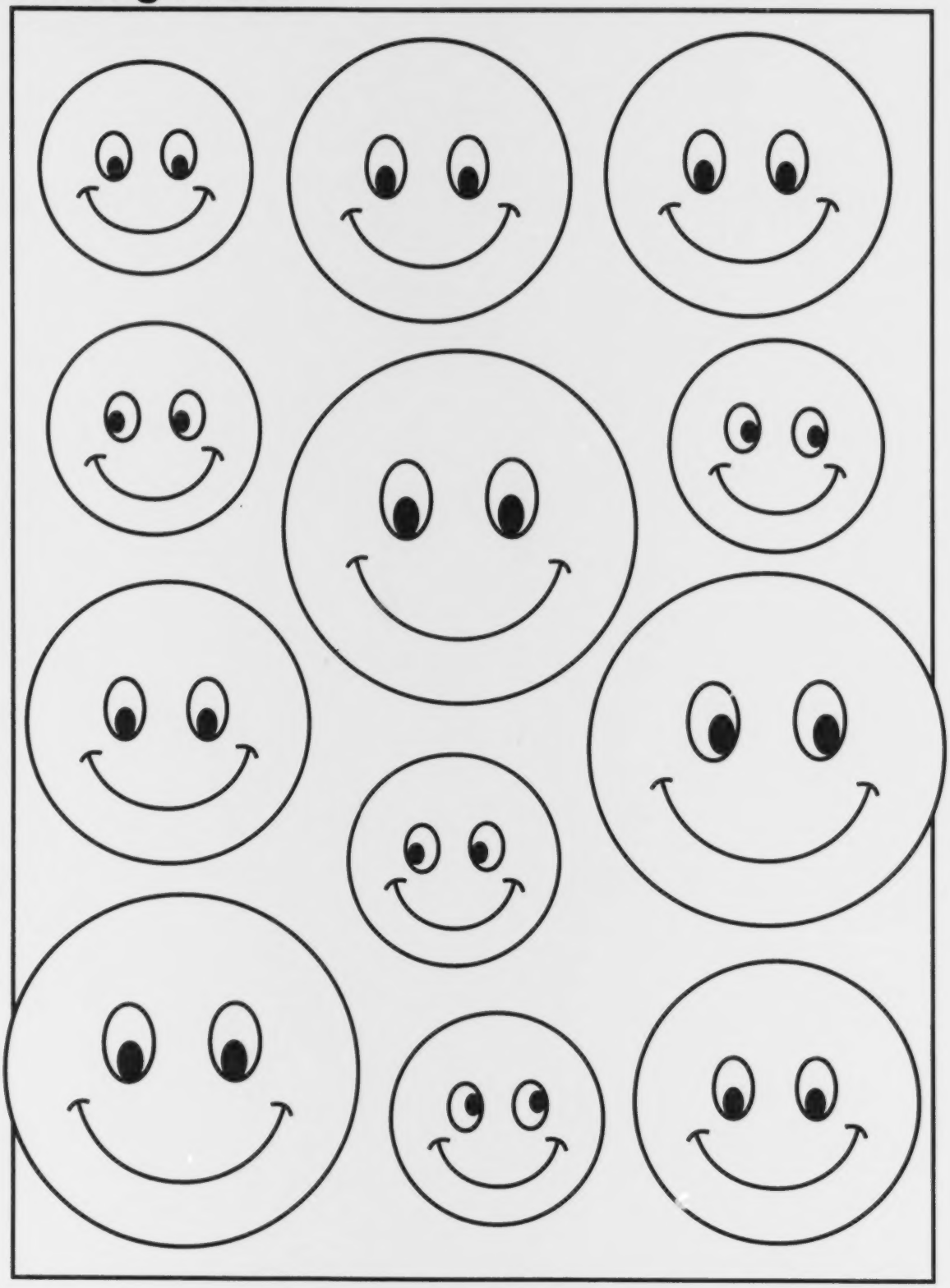
RESOURCES:

Smiling faces (next page); chalkboard.

TEACHER TIPS:

- This activity will require you to prompt and guide students. The original list of people who might give things to children must include persons from whom they should not take drugs. You may have to explain why some of the people on the list are not good persons to administer medication.
- Caution students that there are some people—strangers in particular—from whom they should never accept any medicines, candy, or other consumable substances without their parents' or guardians' permission. This rule will help students understand that they must take medicine only from credible adults who are concerned about their well-being.

Smiling Faces



K–3

Taking Responsibility

OBJECTIVE:

To encourage children to assume responsibility for their personal care.

BACKGROUND:

Children who have reached the age of five can accept responsibility for much of their own care, including bathing themselves, washing their hands, brushing their teeth, eating, exercising, and resting. In addition, they are learning to dress for weather conditions, to get ready for school on time, and to do age-appropriate chores in the home. In order to develop a sense of self-worth and an ability to make decisions on their own, children must be permitted to be responsible for themselves. Adults should offer guidance and supervision and be there to help, but they should not take over and complete a task for the child even when it appears more expedient. Children feel good about themselves when they can assume responsibility for themselves.

ACTIVITIES:

In a comfortable classroom atmosphere, have students suggest two types of tasks or activities: those that they can do for themselves and those that others (parents, teachers, caregivers) need to do for them. List these in two columns on the chalkboard. Discuss the importance of doing for themselves specific tasks on the list.

Give each student a copy of the Personal Care-Taking Chart (next page). Tell students to take home the chart and to keep track of their self-care activities for two weeks. At the end of each week, discuss with students how their personal responsibility efforts are going and invite them to add new tasks to their own lists (note: there is a space after each week for parents to indicate whether their child completed the tasks).

RESOURCES:

Personal Care-Taking Chart (next page).

TEACHER TIPS:

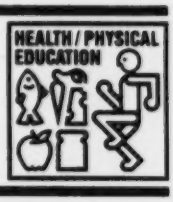
- This activity provides a good opportunity for you to communicate with students' parents. It also asks for parental involvement in helping direct their children's efforts to accept more responsibility for themselves. Make sure you encourage the positive involvement of parents.
- Follow up this lesson by asking students about their progress and by having them bring in their completed, signed task charts.
- You may want to provide more of these charts, or charts with more or different tasks listed, in successive weeks.
- To help children in deciding how to dress for weather conditions, you may want to provide a local telephone number students can use to get an updated, daily weather report. (Make sure there is no charge for this service in your calling area.)

Taking Responsibility

Daily Activities	Week 1								Week 2								Week 3							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Parent's Signature	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Parent's Signature	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Parent's Signature
Brushing teeth																								
Taking a bath or shower																								
Exercising, walking, running																								
Cleaning room and toys																								
Dressing for the weather																								
Getting up on time																								
Getting ready for school																								
Eating balanced meals																								
Other:																								
Other:																								

K–3

Asking For Help



OBJECTIVE:

To learn that all people have problems, and that it is appropriate to ask for help with problems.

BACKGROUND:

Children in grades K–3 generally cannot separate fantasy from reality. Many books, television shows, and movies to which they are exposed suggest that people do not have problems or that problems are solved quickly and easily, even magically. As a result, children may believe they alone have problems or that the normal concerns encountered in growing up are abnormal. Children also may have the impression that all problems can be solved by quick fixes or magical solutions. At this age, it is important for children to know that it is appropriate for them to seek help from others, and that asking for help can be a sign of maturity and strength.

ACTIVITIES:

Ask students to suggest some problems people face in life, such as getting along with friends, handling illness, and having difficulty with schoolwork. Discuss how a person with these problems would ask for help and who might be appropriate persons to ask for help.

Invite students to explain how they feel when they ask for help and get it.

Read the story *The Shrinking of Treehorn* by Florence P. Heide or another appropriate story. Contact your local library to review the children's reference guide to literature. The librarian can assist you in finding a book for children about asking for help. Have students identify the main character's problems, how he or she tried to get help, and what happened when he or she got help.

Explain how asking for help can be a sign of strength. Discuss appropriate people from whom students might seek help (examples: parents, older siblings, teachers, principals, guidance counselors, clergy, youth leaders).

RESOURCES:

The Shrinking of Treehorn, by Florence P. Heide.

TEACHER TIPS:

- Steer students away from talking about problems that might embarrass them or their families.
- Make sure students do not fabricate or embellish problems to get reactions from their classmates.
- You might wish to suggest some common problems that are part of growing up, so that all students can identify with the need to seek help with such problems.

Grade: (Sample format page for lesson plan development)

Title: **Subject:**

OBJECTIVE:

BACKGROUND:

ACTIVITIES:

RESOURCES:

TEACHER TIPS:

Background For Teachers

Grades 4–6 (ages 9–12)

Children in grades 4–6 are at the height of a positive time in their development. By age nine or so, the rate at which children develop physically has slowed and will remain fairly stable until the onset of puberty. With less of their energy going to physical development, children are able to focus more on intellectual, emotional, and social development.

During these years, children want to learn, and they want to develop their minds and personalities. Children in grades 4–6 like to learn. They have an idea of what education is all about, and they know how to learn. As long as they have not had too much criticism or too many poor grades, they still like school and enjoy the learning process. Working with children of these ages can be exciting, rewarding, and challenging.

During this period, children who are at risk for drug use become more aware of difficult home and family situations. They begin to experience feelings of low self-worth; they show signs of inadequate preparation to handle school expectations; and they may begin to believe that school is not for them. This belief arises from having experienced too many failures and poor evaluations.

Toward the end of this period, children begin to make conscious decisions about their life, including decisions about whether to continue their education. Some will begin making a decision not to continue schooling, opting instead for a path that they think will require less effort and more immediate reward. This is a critical time relative to decisions about the future. Teachers and other adults need to be aware that children are extremely vulnerable at these ages. Children with problems are easy prey to the lure of drug selling and use, which provide satisfaction in the form of a "quick fix" of money, status, or temporary escape from problems in their lives.

Although most children at this age level are not at great risk for drug use, school administrators and teachers must consider their school's student population and try to reach those students who may be at risk. Having identified these children, administrators and teachers can try to help them develop positive beliefs in themselves before they choose a path that does not include education.

There are, of course, other considerations regarding children in this age group. For example, they are beginning a process of becoming independent which continues through adolescence. Although most children are still close to their families, they increasingly seek to make choices on their own and to spend more time with their friends and less time with their families.

At ages nine through 12, children want to develop relationships with people their own age. These relationships range from developing close friendships to belonging to groups and teams whose membership generally is limited to the same sex and age. The behavior springs from a need to be able to function independently from their family and to be accepted within a group.

During this period, children begin to dress alike and to create cliques, jokes, and code words in an attempt to belong. Children do not forget about their families, but increasingly they look to their families primarily for protection, such as during a crisis, or for resources, such as money. As difficult as these efforts to be independent might be for families, it is important to work at keeping communication channels open. If children cannot communicate easily with their families during this period, poor communications will become even more of a problem during adolescence, and poor communication with family during adolescence makes youths vulnerable to the influence of their peers, whose behavior may include drug use.

It's important that adults who work with children in grades 4–6 do the following:

- Help children develop skills to lead healthy, productive lives.
- Help children develop an orientation for the future which includes continuing their education and being responsible for themselves and others.
- Help children learn to deal effectively with peers and the pressures they exert.
- Help children develop friendships that are rewarding and encourage individual growth.
- Help children develop strategies to deal with rejection, frustration, disappointment, and failure.
- Teach about drugs individually and help children build concrete reasons to say no to each one.

Children in this age group like to discover things, whether by exploring on a nature walk or reading a book. Learning activities and materials consequently should emphasize exploration. They enjoy learning about how the human body works, for example, and what influence a specific drug might have on the normal functioning of the body. Increasingly they are able to handle complex ideas and will not be satisfied with a simple answer.

At this stage in their development, children are aware that there are many sources of information, some of them contradictory. They need help in learning how to decide what to believe and what to do about "gray" areas of right and wrong.

Children of these ages are collectors. Their collections often take a new direction: Rather than collecting dolls and trucks, they collect posters, bottle caps, records, baseball cards, and other items. Although these collections vary, they often have in common implicit messages of which adults need to be aware. A collection of certain bottles or bottle caps, for example, can encourage a familiarity with alcohol. Collecting records or tapes often introduces children to words and ideas they might not understand, which can cause confusion and stress. Adults should be aware of children's collecting activities so they can help them separate fact from fantasy and assess the credibility of messages.

It's easy for adults to get the wrong impression of children's maturity level at these ages, because many children seem so independent, they dress like older youths, and they may have grown-up thinking skills and vocabulary. In fact, these children still get frightened by scary movies, still need a lot of sleep to make it through the school day, and still need short-term assignments with plenty of reminders about when an assignment is due. They also still need and want to be held and cuddled, and to be assured that a trusted adult will be there to protect them, even if their general environment is threatening. They sometimes still need to hold the hand of someone they trust.

At this period in their lives, children usually believe drugs and drug use are wrong, but they are increasingly aware of drugs and need information about drugs. This knowledge will help them deal with conflict they may feel because of their now highly developed sense of right and wrong. Because most of them still believe that whatever an adult tells them is the truth, they tend to be very vulnerable, and they may become subject to a variety of abuses, including using or selling drugs given to them by adults.

Moral choices can pose serious dilemmas for children. Such a dilemma is a situation involving adults who are engaged in illegal or harmful activities, and children have to decide whether to go along with them. If children are to continue to believe that drugs are wrong, they need to explore the reasons why in depth. Only then can they begin to make informed decisions about rejecting drugs.

Adults continually and consistently need to assess their expectations of children in grades 4–6. For example, children should be challenged to stretch their intellectual limits, but should not be pushed too hard or allowed to function at a lower level than their physical, social, intellectual, and emotional maturity allows. During this period, children need adults who provide steady guidance and supervision and who set good examples for learning, problem solving, decision making, and assuming personal and civic responsibility.

Facts About Alcohol and Other Drugs

Grades 4–6

Children in grades 4–6 increasingly may be exposed to alcohol and other drugs and some may begin to use them. They need more detailed information about alcohol, tobacco, and others drugs. They also need stronger motivation to avoid drugs. This is a particularly critical time because the younger children are when they try drugs, the more likely they are to become chronic users. Drug prevention education should focus on:

- developing life skills such as resisting peer pressure;
- communicating with adults (including families);
- seeking help with problems;
- helping others; and
- accepting personal and civic responsibility.

At these ages, children like order and rules, but to follow rules, they need to know how the rules work and why they were established. Children will inevitably make their own choices, and it is important that these choices be based on family and community standards, knowledge of the facts, and respect for the law.

Concern about drugs

The first temptation to use drugs may come in social situations in which children feel pressure to act grownup. Because they want to be older than they are, some children imitate the behavior of adults or older siblings, including smoking and drinking.

The National Adolescent School Health Survey, conducted in the fall of 1987 by the National Institute on Drug Abuse among 11,000 eighth and tenth graders, showed that:

- 72 percent of eighth graders and 41 percent of tenth graders who reported trying cigarettes had tried them by grade 6.
- of the 77 percent of eighth graders who had tried alcohol, 55 percent said they first tried it by grade 6.
- Of the 15 percent of eighth graders who had tried marijuana, 44 percent had first tried it by grade 6.
- Of the 21 percent of students in both grades who had tried inhalants, 61 percent of eighth graders had tried them by grade 6.

A 1987 *Weekly Reader* survey found that television and movies had the greatest influence on fourth through sixth graders in making alcohol and other drugs seem attractive. Other children were the second greatest influence. The survey revealed that children in grades 4–6:

- think the most important reason for using alcohol and marijuana is to "fit in with others," followed closely by the desire to "feel older."
- may have incomplete or inaccurate information; only 44 percent of sixth graders polled think alcohol should be called a drug.

For the first time, children are aware that some problems may require professional help; they consequently need to know where to get help. Educators should make available resource lists of professionals and agencies, such as school counselors, health clinics, drug intervention programs, suicide hotlines, and family counseling services. Inviting physicians, counselors, or other professionals trained in dealing with alcohol and other drug problems to talk with students can reinforce the lesson.

Because children are aware of drugs and may begin to use them, they should know about the link between drugs and AIDS (see Part VI, page 3 for information on AIDS). Education to prevent the spread of AIDS should be a part of a comprehensive health education program in schools.

Information about drugs

The names, classifications, and effects of drugs are included in the Resources section Part VI, pages 12–22.

Children in grades 4–6 need to know:

- how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- that use of alcohol, tobacco, and other drugs is illegal at their age;
- that laws about drug use and sales are designed to protect people;
- about addiction and how addiction affects individuals and their families;
- that smokeless tobacco and wine coolers are drugs that are both harmful and illegal for them;
- how and why the effects of drugs vary from person to person, especially immediately after use;
- how drugs affect different parts of the body, and why drugs are dangerous for growing bodies and developing minds;
- how drugs interfere with the performance of physical and intellectual tasks; and
- how social influences such as media advertising, peer pressure, family influences, and community standards may promote drug use.

Drug prevention education

Drug prevention lessons and activities in grades 4–6 should:

- focus on the drugs children are apt to use first—tobacco, alcohol, and marijuana.
- encourage open and frank discussions of concerns about drugs and drug use;
- focus on life skills such as problem solving, resisting peer pressure, developing friendships, and coping with stress;
- not glamorize drug use through accepting the drug-using behavior of some folk heroes such as musicians, actors, or athletes;
- emphasize that most people, including the vast majority of people their own age, do not use drugs;
- emphasize the development of personal and civic responsibility;
- emphasize the development of self-esteem; and
- emphasize the development of healthy leisure activities, such as sports, music, art, clubs, volunteering.

Working With Parents

Grades 4–6

Background

Most parents of children in grades 4–6 are very involved in their children's development. Increasingly during this period, however, they must become accustomed to the idea that their children are becoming more independent and are spending more time with others. Children's desire to be separated from their family and their desire to belong to groups means that they increasingly are under the influence of others—both adults and peers.

Parents of children these ages who participate in programs such as the Boy Scouts, Girl Scouts, competitive sports teams, and overnight camping need to know the adults in charge. They also need to know these adults' attitudes about participation, evaluation, criticism, and winning. The best way for parents to know these things is to be involved directly with these programs and to communicate regularly with the adults in charge and with the parents of other children in the programs.

Children in grades 4–6 are making some serious decisions about their commitment to education. They are assessing how school is working for them, how successful they are in school, and how able they seem to be to develop new skills and understand new concepts. The result is that they may be beginning to believe school is not for them. Parents might need help understanding this, especially if they are inclined to pressure their child for good grades or to become impatient that their child is not doing well at school work they might consider easy. Teachers can help by explaining why this is such a critical stage in development.

Many parents of children in grades 4–6 do not believe their children could be using drugs. They believe their children know little about drugs, and some might even believe that their children are too young for drug prevention education. Consequently, educators sometimes become responsible for teaching parents about the drug risks their children face. For example, some parents might not know that tobacco is a "gateway" drug that research has strongly linked to more serious drug use when children use it at an early age, and that both smoking tobacco and chewing tobacco can be obtained easily by children. Some parents might not realize that older children within this age group might be invited to parties that are not supervised by adults and at which alcohol and other drugs could be available. Many parents need to be informed about such possibilities, and they need information about drugs, names of drugs, and how they are obtained.

Children in grades 4–6 still want to have their parents involved in their lives. The opportunities for parents to become strong allies in preventing drug use are enhanced if schools consider the following in working with parents:

- Parents might need information about alcohol and other drugs and the signs of their use.
- Parents should be informed about drug prevention programs in which their children are involved.
- Some parents might need reminders about the importance of supporting their children's efforts with fair, appropriate judgment.
- Parents might need encouragement in giving their children increasing amounts of freedom while also remaining important sources of values, information, and support.
- Parents might need reminders that children should not be left unsupervised; they continue to need child care before and after school and when parents aren't home.
- Parents should be encouraged to keep lines of communication open and to allow children to ask any question.
- Parents should be reminded of the importance of knowing who their children are with at all times, who is in charge, who their friends are, and who the parents of their friends are.
- Parents should know that children with friends who use alcohol and other drugs run a high risk themselves of becoming users of alcohol and other drugs.

Suggestions for involving parents

To enhance parental involvement in drug prevention, consider doing the following activities:

- Have students bring home a copy of the Fact Page for grades 4–6 in this curriculum model.
- Inform parents about drug use which occurs during unsupervised times at home.
- Send parents a regular newsletter describing and updating curriculum efforts, including those related to drug prevention.
- Encourage the local parent-school organization to conduct a program for parents on alcohol and other drug prevention education.
- Invite parents to visit their children's classrooms and to participate in school activities so that they will know what their children are learning.
- Send parents information on drugs and ways in which they are used from the Resource section Part VI, pages 12–22.
- Send parents lists of local sources of information and local treatment programs for drug abuse.

Working with the Community

Grades 4–6

Children in grades 4–6 have an interest in organized sports and other activities that provides opportunities for the community to observe them growing and changing. Because they have more freedom and increasingly want to be with their friends and away from their families, they are visible at malls, at movies, and in parks and other public places. They are more docile than youths a bit older, so they generally are not perceived as making trouble for the community. However, adults in the community may overlook the possibility that these youths are getting into trouble because of the influence of older, perhaps drug using youths.

Communities need to be aware of the dangers of drug use to children in grades 4–6. While most children are not using drugs, they are vulnerable to trying "gateway" drugs and increasingly are influenced by peers, older siblings, and even some adults.

As educators of these children, school administrators and teachers have influence well beyond the classroom. Educators know children and children's needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can join together with the schools to help keep children off drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent drug use.
- Address local access to tobacco products and alcohol by minors (vending machines and stores).
- Provide day care, including before and after-school care.
- Ask local businesses, employers, civic groups, and others to provide or to help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund alcohol and other drug recovery programs.
- Ensure that sidewalks and streets around school buildings are safe and in repair.
- Encourage the establishment of Block Parent and Helping Hand programs so children feel secure going to school.
- Maintain and beautify school recreational facilities, including playgrounds.
- Encourage private sector support for special programs, field trips, and extra resources for school texts, materials, and teacher recognition programs.
- Encourage local newspaper, television, and radio coverage to cover positive news about children in grades 4–6.
- Ask community leaders such as police officers, fire fighters, recreation officials, and others to speak to 4–6 classes about the importance of remaining free of alcohol and other drugs and of being good, positive models for younger children.
- Provide opportunities for children to help others (examples: rake leaves, shovel snow, help care for younger children, run errands for elderly neighbors).
- Support fund-raising drives sponsored by the school or youth groups such as Boy Scouts and Girl Scouts.
- Provide private-sector support of athletic and academic teams.

- Send newsletters to parents and community leaders informing them of accomplishments and community involvement of students in grades 4–6.
- Enforce laws and regulations designed to protect children (examples: no selling tobacco or alcohol to minors; no admittance to adult movies; no sale of adult magazines).
- Screen carefully all adults who work with children.

4–6

Learning To Say No

OBJECTIVE:

To learn how to say no to peers.

BACKGROUND:

The ability to say no is the simplest way to prevent the use of alcohol and other drugs. Although saying no is not easy, children need to develop this skill. Children want to be accepted by their classmates, and they want to belong to peer groups. Saying no—and facing the rejection of peers—is not easy; it takes practice. The desire to belong and the pressures peers exert may be so strong at this age level that many children go along with others and later wish they had not. This lesson helps students develop the ability to assess a situation quickly and say no to involvement in activities that are illegal, irresponsible, or contrary to their personal values and beliefs.

ACTIVITIES:

Invite students to discuss ways in which they can say no. Ask them to explain why they might say no to requests from someone their own age.

Make a list on the chalkboard of ways that students can say no (examples: "No, I don't want to do that"; "No, I have to go home now"; "No, that's not right"; "No, I'll get in trouble with my parents.") Have students practice these phrases as though they were talking to a friend or classmate.

Ask for volunteers to share situations in which they were proud to have said no.

RESOURCES:

Chalkboard; open, supportive classroom environment.

TEACHER TIPS:

- Children at this age level need to practice refusal skills in the context of situations that may arise when they will need to say no. This lesson could be modified and repeated to cover a variety of situations using many different techniques to say no.
- Be careful to avoid encouraging students to say things that may make them uncomfortable or reveal private matters.

4–6

Drug Names

OBJECTIVE:

To learn the scientific and street names for drugs and how they are sold.

BACKGROUND:

To prevent children in grades 4–6 from inadvertently using drugs, they need to know what the names of drugs are, what they look like, how they are sold, and their harmful effects.

ACTIVITIES:

Reproduce the information pages on various drugs found in Resources, Part VI, pages 12–22.

Divide the class into small groups, and ask each to prepare a way to share the information about drugs with each other. Be prepared to interpret drug information so that students can understand what these substances are called and what they look like.

Have the students design a bulletin board showing both scientific and "street" names of drugs.

RESOURCES:

Drug chart; bulletin board; colored markers; poster board.

TEACHER TIPS:

- The important concept that drugs have scientific and street names needs reinforcement. The fact that drugs may have two types of names can be confusing. You might want to include on the bulletin board other substances that have scientific and street names.

4–6

Drugs and the Law

OBJECTIVES:

To understand that, in our democratic form of government, each person has a voice, and that people assume responsibility for one another through laws they create and enforce.

BACKGROUND:

Children in grades 4–6 need to understand how a democratic society works and how they can assume some responsibility for helping society. A major component of a democratic government is that each citizen has a voice. One way adults express their voice is by voting. Younger people also can make a difference by discussing their concerns with government representatives. Children can begin this process of assuming civic responsibility by communicating with lawmakers and other government representatives.

ACTIVITIES:

Discuss issues about which students might want to express their opinions. Focus on issues that affect the local community, the state, or the nation (examples: suggestions on how to fight drugs in a neighborhood, how to clean up a commercial area, how to raise money for new playground equipment). Have students identify persons who might have influence on the problem (for example, a principal, a school board member, a newspaper editor, the president, a congressman, a senator, a governor, a mayor). Discuss the role of each in solving problems. Give each student a copy of the letter format (next page) to be used to communicate with someone in a public position.

Ask students to write a brief letter to someone in authority, expressing concern about a particular problem and suggesting a solution.

Collect and mail the finished letters. Prepare a bulletin board displaying copies of the letters or the names and addresses of all the people to whom students sent letters. Display responses from recipients of the letters.

RESOURCES:

Copies of the letter format (next page); names and addresses of authorities to whom students may write; bulletin board.

TEACHER TIPS:

- It is important to have the correct name, address, and salutation for each person to whom your students may write.
- You may have the class write a joint letter or write individual letters.

Address:

Date:

To:

Signature:

Address:

4–6

Assessing Information

OBJECTIVE:

To be able to critically assess the information received from popular movies, television, and music.

BACKGROUND:

Children in grades 4–6 are developing an interest in music and definite likes and dislikes about television programs. Most watch television unsupervised, may be able to select movies for use on their home VCRs, and may be going to movies alone or in groups. Listening to music and watching television and movies are enjoyable and relaxing, but because movies, television, and popular music are powerful sources of information and misinformation, they can greatly influence children's beliefs and values. Children at this age must learn to analyze messages from these powerful sources as they enjoy them.

ACTIVITIES:

Divide the class into three groups. Label one group *Movies*, one *Television*, and one *Music*. Select a person in each group as moderator. Have each group discuss (in a free-wheeling way) what they like and do not like about the type of medium the group represents.

Then direct students to talk about what they learned from a specific movie, television program, or piece of music. If students mention the same movies, programs, or music, have them determine whether they learned the same things from them.

Assign students to watch the same television program (they may choose which one) or listen to the same album or song (they may choose which one). In a subsequent class, discuss what messages students discerned from the television program or music, what they found confusing, what they thought was accurate or inaccurate, and what they liked or disliked and why. Discuss what students learned through this activity.

RESOURCES:

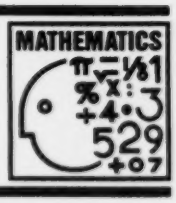
Three large, printed labels for *Movies*, *Television*, and *Music*.

TEACHER TIPS:

- Students may need examples or have trouble agreeing on what to watch on television. This is your chance to suggest a prime-time program that has a healthy focus or an educational message.

4–6

Societal Costs



OBJECTIVE:

To become aware of the societal costs of drug use.

BACKGROUND:

One of the compelling reasons for being concerned about the scourge of drugs in our society is the cost in lives and money exacted by drug use. Dollars are spent on crime control, on drug user rehabilitation and treatment, on treatment of children born with addictions, on programs for teenage mothers, and on other needs that could be used to expand educational opportunities or to clean up the environment. Children in grades 4–6 can understand how money spent on one thing cannot be used for something else. Understanding that drugs affect everyone will help them understand why they should not use drugs.

ACTIVITIES:

Using the statistics found on this page indicating the costs of drug use, have the student add these figures together to determine a portion of the total amount of money involved in fighting illegal drugs. Then have the students list on the chalkboard ways in which this money could be spent to benefit more people in the society. Have students divide the number of possibilities into the pool of money to determine how much money could be available for each good cause.

An additional or alternative activity would be to create priorities for items on the list, assigning each a percentage of the money. Students could calculate the amount of money available using the percentage figures.

RESOURCES:

Chalkboard; facts on the cost of illegal drugs:
The following amounts of money were recommended by the White House in its National Drug Control Strategy for 1990:

Drug law enforcement:	$ 32 million
Drug prevention education:	$392 million
Additional federal prosecutors:	$183 million
Enhancements to federal courts:	$250 million
Drug treatment research:	$685 million

TEACHER TIPS:

- It is important to reinforce the idea that society has only a certain amount of money to spend solving problems. When that money is spent, it cannot be used in another way. Help students understand this concept by talking about their experience of having spent money on something of shoddy quality or short-lived value that prevented them from being able to buy something of greater value later on.
- This lesson may be adapted to target individual drugs such as chewing tobacco, cigarettes, or alcohol.

4–6

Peer Pressure

OBJECTIVE:

To learn how to belong to a group of peers without giving up personal identity or individuality.

BACKGROUND:

Children in grades 4–6 are concerned about belonging, and they want to be chosen as members of the "right" groups. During this time, the formation of gangs, cliques, and clubs make some children feel they are "in" and okay, and others feel they are "out." Those who feel left out may do anything to gain acceptance, even if it is dangerous and wrong. They might decide that they do not belong in school and begin to demonstrate poor behavior, poor academic performance, and poor attendance—and by using drugs. At this age, children need to understand that they can retain their individuality and still belong. Often the people who are most respected are those who speak up for their own rights, dress in their own style, and support an unpopular position. The link between this lesson and social studies is that diversity and individuality have helped make America great.

ACTIVITIES:

Using the pictures accompanying this lesson (next page), have students discuss the strength and cohesiveness of our nation despite our cultural, religious, racial, and political differences.

Using as examples prominent American figures such as John F. Kennedy, Harriet Tubman, Abraham Lincoln, Thomas Jefferson, Eleanor Roosevelt, Cesar Chavez, Thomas Edison, and the Rev. Martin Luther King, Jr., discuss how our national leaders maintained individuality, sometimes took unpopular stands, and yet were able to contribute to building a strong nation. Display pictures of these leaders and others on a bulletin board.

Invite students to tell about a situation in which they maintained an individual or unpopular stand and were glad about it later.

RESOURCES:

Pictures of the diverse U.S. culture (next page); pictures of U.S. leaders; bulletin board.

TEACHER TIPS:

- This lesson is so important that is should be repeated at each grade level and can be repeated within each grade level.
- Introduce additional names and pictures of American leaders of many ethnic backgrounds to reinforce the idea that individuality is an important aspect of our society.

American Leaders

4–6

Helping Others

OBJECTIVE:

To develop an understanding of the importance of helping people, especially younger children.

BACKGROUND:

Children in grades 4–6 want to be helpful. They demonstrate this in school by responding to teachers and rules and showing interest in schoolwork, and at home by helping younger siblings. At this age level, it is important for children to develop a commitment to helping others. One way to instill the importance of volunteering in the community is to encourage children in grades 4–6 to help children in grades K–3 adjust to school and schoolwork, learn new recreation skills, develop friendships, and experiment in art and music. At this age level, children respond to praise about being helpful, and their volunteer experiences enhance their feelings of self-confidence.

ACTIVITIES:

In cooperation with other teachers in the building, develop a pool of volunteers in grades 4–6 to help younger students. Explain to these students that they can help the younger ones with school work such as reading or math; show them how to use the library; assist in music lessons or arts and crafts; teach them a new game or sport; or be a "big brother" or "big sister."

Allow students to select the activity they would like to help with. Establish a schedule for volunteering (for example, once a week or two afternoons a week after school).

Once the projects are under way, meet periodically with volunteers to assess what they are doing and how it affects them and the students they are helping. Ask for their suggestions on ways to improve their volunteering experience or for other project ideas.

At the end of a term (or year) give each volunteer a merit badge or certificate congratulating them on their service. Offer extra academic credit for volunteering or arrange a school ceremony honoring the volunteers.

RESOURCES:

A group of teachers willing to oversee student volunteering projects; a list of volunteering ideas.

TEACHER TIPS:

- Create a list of volunteering possibilities with other teachers.
- Encourage all students who want to participate in the volunteering project to do so.
- Make sure teachers or other adults supervise the volunteer activity so that it proves worthwhile for both volunteers and younger students.

In Appreciation For

_____

Presented to

_____

_____

4–6

Making Decisions

OBJECTIVE:

To learn how to make decisions through a process of scientific reasoning.

BACKGROUND:

Children in grades 4–6 can learn to make decisions other than by default, by whim or chance, on the basis of emotions, or because of influence from others. They can learn to make sound, healthy decisions by using a modification of the scientific method. By teaching children to approach decisions logically—by assessing information and considering cause and effect—educators can help children realize that there may be more than one answer to a problem and that making decisions requires careful thought. This lesson helps children develop tools that they can use in a variety of situations requiring decisions. When this approach is practiced and becomes familiar, it can provide a way for children to decide not to use drugs and or make other harmful choices in life.

ACTIVITIES:

Explain to the class that you are going to teach about a scientific way to make decisions. The steps are:

1. State what the decision is about.
2. State possible alternative choices.
3. Gather information about all alternatives.
4. Decide from among the alternatives.

Explain that this approach to decision making requires students to consider each alternative carefully, to gather information, to look at the consequences of each alternative, and to weigh which is the best option.

Divide the class into small groups and give each one a vignette (next page). Have them discuss the problem posed and determine possible solutions. Have them follow the guide questions to determine as a group what they should do. Present each group's decision to the class.

RESOURCES:

Decision-making vignettes (next page).

TEACHER TIPS:

- Introduce or conclude this lesson by conducting a science experiment using the scientific method.
- Supervise the groups to make sure that they complete the class exercise.

Decision-Making Vignettes

1. Your best friend has asked you to go shopping and then return home to watch a movie. You learn that your friend's parents will not be home. Your parents do not want the two of you there alone. How do you decide what to do?

2. You have not completed a book report due soon. By chance, you find a completed, typed book report, which was dropped by accident at the bus stop. All you have to do is put your name on it and hand it in. How do you decide what to do?

3. You have heard some "gossip" about a friend who may be using alcohol and smoking marijuana. You want to help your friend, but you don't know whether the gossip is true. How do you decide what to do?

4. You were asked by a person you know only casually to carry a package to a nearby store. The person is acting somewhat mysteriously, and you are unsure about what to do. How do you decide what to do?

4–6

Assessing Information

OBJECTIVE:

To learn how to assess the credibility of sources of information and requests.

BACKGROUND:

Children in grades 4–6 still tend to trust adults, and they need help in figuring out whether information and requests from adults are appropriate. To become independent and make wise, healthy, and safe decisions, children must learn how to assess the credibility of sources of information, advice, and requests. Skills that help children assess whom to listen to and whom to believe promote self-protective attitudes and enhance children's self-esteem by reinforcing the idea that they can make good decisions. By learning how to assess the credibility of sources, they will be able to say no more easily and will be less likely to do something (such as try drugs) because someone older, bigger, or richer invited or told them to.

ACTIVITIES:

Using advertisements (especially ones related to children) from newspapers and magazines, discuss why some advertisements are effective and others are not. Ask the following questions:

- What is the ad selling?
- What information, advice, or request is presented?
- How credible is the message?

Ask the children to offer examples of messages, thoughts, or ideas that they have found confusing and discuss why the children found them so. Focus attention on the source of these confusing messages and discuss the reliability of the source.

RESOURCES:

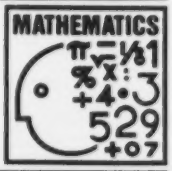
A supply of newspapers and magazines from which students can clip advertisements.

TEACHER TIPS:

- Children need reminders about assessing the reliability of sources, so plan to repeat this lesson or some modification of it at each grade level.
- Be prepared to explain the first example or two of advertising messages so that students can understand what you are looking for.

4–6

Consequences of Decisions



OBJECTIVE:

To learn to consider consequences when making decisions.

BACKGROUND:

Children in grades 4–6 are oriented toward the present. They tend to be most productive with short-term goals, short deadlines, and immediate rewards. At this age level, children are beginning to make decisions that can have long-term consequences, such as whether they will try to succeed in school, participate in arts or sports, and develop healthy friendships. They need to understand how decisions they make now about drugs and other things can affect them months or years from now.

ACTIVITIES:

Using the business section of your local newspaper, select examples of advertisements for various investment returns and interest rates.

Have students calculate the differences among returns and rates and determine which will make them the most money over a specific period of time. Then have students analyze advertisements for product warranties (example: automobiles), and discuss how decisions made now could affect the future. (Note: Calculating differences in these warranties is important to understanding this lesson.)

RESOURCES:

Newspaper clippings of advertisements for investment returns, interest rates, and product warranties.

TEACHER TIPS:

- Depending on the age of the student and math curriculum, you may choose instead to compute percentages.
- The idea that decisions made relative to many aspects of life have consequences should be reinforced often with students of this age group.

4–6

Friendships

OBJECTIVE:

To know the elements of a positive, healthy friendship.

BACKGROUND:

For children in grades 4–6, friendships assume ever-increasing significance. Friends become a source of support, information, and adventure as well as a testing opportunity for values and beliefs. Therefore, children at this age need to know more about friendships so they can choose them wisely and maintain healthy ones. The essential elements of friendship are shared beliefs and values, shared interests and experience, proximity, and feelings of being cared for and listened to—all in an atmosphere of trust. Children can learn to understand these elements by discussing how friends and allies are similar and how alliances between countries are similar to friendships between people.

ACTIVITIES:

Discuss the importance of friendships by having students describe qualities about themselves and their friends that help create good friendships. Have them see how the elements just described exemplify the qualities of their friends they described.

Discuss the importance of allies to nations. Write the name of a U.S. ally (example: England) on the chalkboard and discuss how the two countries are friends with each other.

RESOURCES:

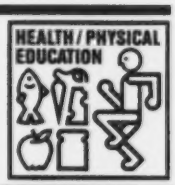
Chalkboard.

TEACHER TIPS:

- You might wish to discuss what happens when friends or allies are no longer friendly. Invite students to suggest how they would deal with a friend who no longer wanted to be a friend—or a nation that no longer wanted to be an ally.

4–6

Coping With Stress



OBJECTIVE:

To help students feel good about themselves and to develop strategies and skills for coping with stress.

BACKGROUND:

Children in grades 4–6 feel basically good about themselves. Increasingly, though, if they experience criticism at home or school, have peer relationship problems, or are concerned about their physical growth and changes, they may begin to have self-doubts. Children at this age level need to develop strategies and skills for dealing with the stress caused by their doubts and problems. An important coping strategy is to develop exercise skills and habits. Physical exercise relieves stress, energizes the body, and clears the mind. Many children in our society tend to be sedentary and lack exercise habits and skills. Although some children in grades 4–6 participate regularly in competitive sports, many need a special push to develop simple exercise regimes that can promote mental and physical health and provide an alternative to drugs.

ACTIVITIES:

Using the pictures on the accompanying page to generate ideas, have students talk about the physical activities they do and how they feel when they do them.

Have students talk about physical activities they would like to try and why they have not done them.

Using the Exercise Chart (next page), ask each student to record their physical activity away from school for two weeks. At the end of that time, have students bring in their charts. Then discuss what kinds of exercises they did, how they felt about those activities, and whether a regular fitness regime has made a difference in their lives.

RESOURCES:

A copy of the Exercise Chart (next page) for each student.

TEACHER TIPS:

- Emphasize that a regular exercise plan does not have to involve competition, team activities, or expensive equipment.
- Emphasize that rewards for exercising regularly are earned both now and in the future.
- Be sure that students do not feel undue pressure to do a specific amount of exercise.

Physical Activity Chart

Physical Activities	Week 1							Week 2							Week 3							Week 4						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Walking																												
Running																												
Bicycling																												
Ball Games																												
Dancing																												
Swimming																												
Exercise																												
Jumping																												
Gymnastics																												
Other:																												
Other:																												

Grade: (Sample format page for lesson plan development)

Title: **Subject:**

OBJECTIVE:

BACKGROUND:

ACTIVITIES:

RESOURCES:

TEACHER TIPS:

Background For Teachers

Grades 7–8 (Ages 12–14)

Youths in grades 7–8 are in a period characterized by much "storm and stress." Many child development experts believe adolescence is stormy because adults are ambivalent about how grown-up they want youths this age to be. Although many 12- to 14-year-olds are maturing physiologically—they look older and are more mature sexually—most remain emotionally, cognitively, and morally immature. Seeing large and physically mature bodies, adults often expect more than adolescents are capable of giving.

In the midst of the storm and stress of adolescence, youths undergo a rebirth. Adolescents perceive that everything out of the past, especially their identity as a child, is up for reconsideration. With their new bodies comes the potential of a new identity—everything is possible, nothing is certain. This state of rebirth produces confusion, frustration, excitement, fear—and ultimately high levels of stress.

It is important that youths of this age do the following:

- develop a positive sense of self and of their own capabilities;
- understand the importance of continuing their education;
- understand the pressures of peers and be able to resist them;
- know sources of help other than their peers.

Influence of peers

Youths in grades 7–8 have had little experience in coping with stress, and they believe that the only persons who can really understand and help them are their agemates, or peers. As a result, they increasingly want to spend time with friends their own age. They talk endlessly on the telephone, pass notes in school, make excuses to get out of class or out of the house, ostensibly to accomplish some task, but really just to see each other. They seem to need constant reassurance that what is happening to them is normal and okay. Only an agemate can provide this reassurance. They believe that adults in their lives are unable to identify with their concerns. In addition, school programs often are not organized to provide the high level of personal interaction that adolescents want and need.

Youths in grades 7–8 want to be noticed. Mostly they want to be seen and noticed by each other. In their attempts to be visible and to break with the past, they dress alike, talk alike, and share many of the same thoughts, values, and likes and dislikes.

This is a time of upheaval in relationships. The family no longer is as much a part of their identity, the peer group assumes more significance, and communication between the youths and their families begins to break down. Adolescents tend to prefer traveling, shopping, or engaging in recreational activities with their peers rather than their families. Families may react to this situation with anger or hurt, which makes an already stormy period more stressful. Parents and other adults may become confused and upset because the child they knew seemingly no longer exists.

In addition to rejecting their families to one degree or another, many adolescents call into question everything out of the past—old friendships, old values, old beliefs, and old ways of doing things such as solving problems. Adults once held in high esteem may be criticized and argued with. The simple ideas and truths that adults may have presented earlier no longer work for adolescents. Directives or responses such as "because I told you so" or "just say no" are no longer adequate. Adolescents want explanations and real answers. They often assume they should disagree with anything an adult says or find it distasteful and search out an alternative answer from a peer. Persons most trusted by this age level are family members who work hard to retain levels of trust or slightly older adolescents who have recently experienced this period of storm and stress. Parents and teachers can continue to be influential, but such adult influence requires a lot of effort and outstanding communication skills.

Importance of belonging

The motivation for much of adolescents' behavior is the desire to belong, especially to a peer group. The feeling of belonging may in fact be

vicarious; they may only be reading, listening to music, or viewing movies or television programs in which youths their age are involved. The desire to belong produces a need to behave as their peers do. Peer pressure is not so much an actual pressure by one person or a group to behave in a certain way, but rather the self-imposed pressure an individual feels to behave like others in the group to feel a part of the group. Because of their desire to belong by looking like everyone else their age, adolescents select clothing that appears to be virtually a uniform.

Youths in grades 7–8 are often controlled by the moment. They may do things that violate a value or belief on the spur of the moment, depending to a great extent on the situation and who they are with. They may find themselves doing something they formerly considered wrong because, at that moment, it seems okay, fun, or necessary to prove they are like everyone else. Alcohol and other drug use often arises out of such situational ethics.

Because their bodies change rapidly at this time, many adolescents become almost obsessed about their appearance and the size and shape of various body parts or the speed at which they are developing. They do not feel comfortable talking with their families about these physical changes and thus spend much time with peers talking and joking about the changes. The information they receive from peers often is inappropriate and inaccurate.

Educators can use the interest adolescents have in their bodies as a springboard for teaching about the hazards that tobacco, alcohol, and other drugs pose to developing bodies. Educators should emphasize that remaining drug free is the best way to ensure a physically healthy and attractive body now and in the future.

Influences on learning

Youths in grades 7–8 are risk takers. What scared them before intrigues them now. They believe they are invincible. They are quick to accept dares, to test rules and laws to the limit, and to flirt with death, believing it will never touch them. The risks of using drugs are intriguing on several levels: violating the law, breaking parental and school rules, and defying physical danger and even death. Drug prevention programs, and especially information related to the short- and long-term consequences of drug use, should address this attraction to risks.

Adolescents enjoy danger and do not believe that the consequences of drug use are a threat to them. The best way to present information is not through threats, statistics, or lectures about morality but by focusing on how drugs affect the human body and mind, human relationships, and their environment. Adolescents are sufficiently future-oriented that they can see the payoff of education and their own behavior choices, as long as the adults in their lives do not make some future payoff the reason to do or not to do something.

Youths in grades 7–8 are beginning to think abstractly and to deal with the future. They can process more complex ideas and understand incongruities among words, behavior, and consequences of behavior. As a result, drug prevention education can be broadened and presented in a variety of contexts and subjects. Infusing drug prevention messages into various subjects within the school curriculum is one way to do this.

Adolescents are beginning to recognize that everything is not strictly good or bad, right or wrong, but that there are shades of gray to moral problem solving and decision making. As a result, they are influenced less by the power of individuals who are bigger, older, or in authority, and more by their own ability to make moral decisions. Helping adolescents learn how to make good decisions is an essential component of drug prevention education.

Although the peer group is an important and sometimes controlling influence, friendships are perhaps more important. Friends are generally close, trusted peers, often of the same sex or if of the opposite sex, not necessarily controlled by sexuality. Friendships are developed through shared experiences, interests, values, beliefs, and proximity. Friendships are so important to helping youths choose a path in life that it is important for adults, especially parents, to know who their children's friends are; to encourage positive, healthy, helpful friendships; and to guide their children away from friendships that are potentially harmful. Parents and teachers should work together to help adolescents develop friendships that encourage growth toward healthy, responsible adulthood.

The search for identity in early adolescence takes time and considerable energy. Without adult supervision and guidance, it may falter or veer off in a potentially dangerous direction. Adults should seek to be models of healthy, responsible behavior. And they should know the adults, as well as peers, with whom their children or students spend time.

Facts About Alcohol and Other Drugs

Grades 7–8

In adolescence, greatly expanded social opportunities put youth at much greater risk for drug use. According to the National Household Survey of Drug Abuse, conducted in 1988 by the National Institute on Drug Abuse, 75 percent of youth ages 12 to 17 had never tried illegal drugs, including marijuana, hallucinogens, inhalants, cocaine, heroin, and nonprescription psychotherapeutic drugs such as stimulants, sedatives, and tranquilizers. But, 17 percent had tried illegal drugs in the past year, and 8 percent had tried drugs previous to the past year.

Youths in grades 7–8 need more sophisticated information about drugs and more ways to feel good about themselves. Perhaps their primary concern is being accepted by peers; they need to feel that they belong without feeling they have to resort to illegal or irresponsible behavior.

At these ages, youths want to be independent and do not want to have to meet family and adult expectations for them. They learn best in an environment that allows them to think critically and to make decisions based on their developing values and beliefs. They need emotional support, but they also need to be allowed to explore concepts on their own, with support and guidance from teachers and other adults. In drug prevention education, youths should be allowed opportunities to prove that they are becoming more responsible, for example, through independent research, helping peers, and serving as a positive role model for younger children.

Concerns about drug use

At grades 7–8, youths increasingly are together without adult supervision, often with older youths. As they mature physically, they want to act older. Alcohol and other drug use becomes more of a risk, because it may be more accepted or encouraged among their peers—and, at least temporarily, it may make youths appear and feel older.

Research shows that drug use increases at these ages. According to the National Adolescent School Health Survey, conducted in the fall of 1987 by the National Institute on Drug Abuse among 11,000 eighth and tenth graders, eighth graders reported the following drug use:

Tobacco

- 51 percent of eighth graders reported having tried cigarettes, and 16 percent said that they had smoked a cigarette within the past month.
- Nearly equal numbers of males and females reported ever trying cigarettes and smoking during the past month.
- 12 percent of males and 1 percent of females reported having chewed tobacco or used snuff within the past month.
- Of those students who had tried cigarettes, 72 percent of eighth-grade males reported first use by grade 6.

Alcohol

- 77 percent of eighth graders have tried alcohol; of these, 55 percent had tried it by grade 6.
- 34 percent of eighth graders reported having had an alcoholic beverage within the previous month.
- 26 percent of eighth graders reported having had five or more drinks on at least one occasion within the previous two weeks.
- 13 percent of eighth graders reported combining alcohol and drugs on one or more occasions within the previous month.

Marijuana

- 15 percent of eighth graders reported having tried marijuana. Of these, 44 percent reported first use by grade 6.
- 6 percent of eighth graders reported using marijuana within the previous month.
- Past-month marijuana use was reported by 10 percent of females and 12 percent of males.
- 4 percent of students reported having used marijuana six or more times within the previous month.

Cocaine

- 5 percent of eighth graders reported having tried cocaine. Two percent said they had used cocaine within the past month.
- Of those who tried cocaine, approximately one-third, or 2 percent of eighth graders, had tried crack.
- Of those students who had tried cocaine, 62 percent of eighth graders reported first trying it in grades 7 or 8.

Inhalants

- 21 percent of eighth and tenth graders reported having tried inhalants (glues, gases, sprays). Of those who tried inhalants, 61 percent of eighth graders reported first use by grade 6, and 78 percent of tenth graders reported first use by grade 8.
- 7 percent of eighth graders said they had used inhalants within the previous month.

Perception of risk

- 86 percent of students perceived a moderate or great risk from smoking cigarettes daily.
- 80 percent perceived a moderate or great risk from regular use of alcohol.
- 81 percent perceived a moderate or great risk from occasional use of marijuana; 88 percent from cocaine powder; and 77 percent from occasional use of inhalants.

Peer disapproval of drugs

- 76 percent of students reported that their close friends would disapprove if they smoked a pack of cigarettes daily.
- 74 percent reported that their close friends would disapprove if they drank alcohol regularly; however, fewer than half (43 percent) believed that their close friends would disapprove if they drank alcohol occasionally.
- 81 percent of students reported that their close friends would disapprove if they smoked marijuana occasionally.
- 93 percent said their close friends would disapprove if they used cocaine occasionally.

Other findings

- 86 percent of students reported it would be fairly or very easy for them to get cigarettes; 84 percent reported it would be easy to get alcohol; 57 percent, marijuana; and 27 percent, cocaine.
- 79 percent of eighth graders reported having learned about the effects of drugs in school.

Information about drugs

The names, classifications, and effects of drugs are included in the Resources section in Part VI, pages 12–22.

Youths in grades 7–8 need to know:

- how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- that use of alcohol, tobacco, and other drugs is illegal at their age;
- that experimenting with drugs is using drugs and does carry significant risks;
- how drugs are pushed and how society fights the drug supply problem;
- that laws about the use, manufacture, and sale of drugs are designed to protect people;
- the extent of the drug problem locally and the efforts of authorities to control it;
- how addiction affects individuals and their families;
- that smokeless tobacco and wine coolers are drugs which are both harmful and illegal for them;
- how steroid use can damage the body and mind;
- how and why the effects of drugs vary from person to person, especially immediately after use;
- how drugs affect different parts of the body, especially the circulatory, respiratory, nervous, and reproductive systems; and why drugs are dangerous for growing bodies and developing minds;
- how drugs interfere with the performance of physical and intellectual tasks;
- how drugs and AIDS are related; and
- how social influences such as media advertising, peer pressure, family influences, and community standards may promote drug use.

Drug prevention education

Drug prevention lessons and activities in grades 7–8 should:

- encourage frank discussions about concerns related to drugs and drug use;
- focus on life skills such as problem solving, resisting peer pressure, developing healthy friendships, coping with stress, and communicating with adults;
- not glamorize drug use through the acceptance of drug-using behavior by some folk heroes such as musicians, actors, and athletes;
- emphasize that most people, including the vast majority of people their own age, do not use drugs;
- emphasize the development of personal and civic responsibility;
- emphasize the development of self-esteem;
- emphasize the development of healthy leisure activities, such as sports, music, art, clubs, and volunteering;
- emphasize the establishment of positive life goals, such as continuing education and developing work skills that will permit a legal income source; and
- emphasize the law and its consequences.

Working With Parents

Grades 7–8

Background

Early adolescence is often a time of conflict between youths and adults, especially parents. This is natural, because adolescence is a kind of rebirth, when developing bodies and minds encourage youths to test new identities and to question authority.

During this time, youths try to establish their own identity and ready themselves for becoming adults. This sorting out of who they are and what they will become creates stress and can lead to communication problems with adults. Because they look older and feel they should act older, young adolescents sometimes are distressed because they are not permitted or are not able, developmentally, to do adult things. Stress is compounded further by dramatic changes in their school and social lives, and by emotional upheaval which creates great swings in mood, from restless energy to anxiety and depression.

In grades 7 and 8, many youths are dealing with a new school program in which they are taught by a number of teachers. Instead of one or two teachers who know each student well, youths now have numerous teachers, more homework, and more demanding expectations for academic performance.

In their social life, friendships are critical: young adolescents could be together and talk almost endlessly. They begin to become interested in the opposite sex and are often confused about their feelings.

Young adolescents begin to make commitments and face decisions that involve risk. They often do not perceive their parents as appropriate sources of help and support: Peers have taken over as the primary influence in helping them make decisions.

Parents of students in grades 7–8 need special help to continue to be highly involved with their children. They must encourage their children to become more independent without abandoning them. Facing insolence, laziness, and self-centeredness, parents have a difficult time not being supercritical, highly judgmental, and authoritarian. Parents must keep communication lines open and listen to their children, offering informed advice and support.

Youths in grades 7–8 are very aware of drugs and are deciding whether to use them. Most youths in this age group who use drugs use tobacco and alcohol. Although most youths continue not to use drugs, they are aware of drugs, and they know who is using and who is selling drugs. This knowledge can be disturbing, if they do not know with whom to discuss the problem or whether they should seek help for a friend or relative with a drug problem.

Parental participation

Parents must be involved in helping keep their children drug free by allowing them to assume more independence and develop personal and civic responsibility. Parents may need support from principals, teachers, and others who understand that being a parent of a child in early adolescence often poses problems.

To help parents help their children through a difficult time, schools may want to send parents the Guidelines for Communication, the information pages on specific drugs, and the list of resources found at the end of this document (Part VI, pages 12–22). Schools also may want to send home information or arrange workshops for parents on how to relate to their children and how to discuss drugs. Guidelines for parents of students in grades 7–8 should include:

- Be open and honest in communicating your expectations for behavior.
- Keep lines of communication open, following the guidelines in Part VI, page 2 of this document.
- Set a good example through your behavior and how you make decisions and solve problems.
- Know the facts about drugs, including street names for common ones and how they are sold and how they are used.
- Help your child assume civic responsibility by helping others, especially peers and younger children.

- Develop an awareness in your children that asking for help is a sign of strength.
- Know your children's friends and their families.
- Know where your children are and whom they are with.
- Do not judge, demean, or belittle your child, especially in front of others.
- Do not allow your child to attend parties or functions without adult supervision.
- Watch for signs of depression and mental illness.
- Encourage your children to ask questions, and especially to question you or other reliable sources.
- Build your children's self-confidence by acknowledging their talents, accomplishments, and positive character traits.

Schools should make these guidelines available for parents to review, discuss, and revise.

Working With the Community

Grades 7–8

Youths in grades 7–8 are beginning to experience the stress of adolescence. They want to be independent and to establish a personal identity. As a result, they often behave in ways that violate the accepted community norms or that adults may believe to be inappropriate or wrong. Because of their independent style of dress, choice of music, and tendency to travel in groups and gangs, young adolescents can have difficulty relating to parents, teachers, and other adults in the community. Although youths in grades 7–8 tend to want to be with their peers as much as possible, they need extra measures of adult guidance, supervision, and understanding.

School programs that address the emotional and psychological, as well as intellectual, needs of seventh and eighth graders provide reinforcement to drug prevention efforts. However, communities also need to become involved with prevention efforts. Vulnerability to use or sell drugs is greater at this age than at any other age. Young adolescents face decisions about drugs, about sex, about staying in school, about their physical well-being, and about developing a personal philosophy of life. Adults need to help them make positive, healthy, responsible decisions.

School administrators and teachers have influence well beyond the classroom. Educators know youth and their needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can work with the schools to help keep children off alcohol and other drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent alcohol and other drug use.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund drug recovery programs.
- Ensure that sidewalks and streets around school buildings are safe and in good repair.
- Ensure that adequate education about drugs is available, providing financial support when needed.
- Support efforts to provide AIDS education, including information on how the AIDS virus is transmitted.
- Make sure that those who work with youth are trained, morally beyond reproach, and are positive, healthy role models.
- Provide opportunities to work with others in helpful ways (examples: volunteering in hospitals, nursery schools, nursing homes, camps).
- Provide opportunities for academic study, work, recreation, or community service during the summer vacation period.
- Publicize youths' accomplishments and positive activities through the news media—television, radio, newspapers.
- Help youth develop an understanding of the value of working for what you receive and the concept that to get anything at another's expense is wrong.
- Emphasize the value of education and encourage young people to stay in school and to get as much education as possible.
- Support and enforce laws and regulations designed to protect youths and others from becoming involved with illegal drugs (examples: prohibiting the sale of tobacco or alcohol to minors; prohibiting admittance to adult movies or sale of adult magazines).
- Ask local shopping malls to help sponsor drug information booths run by students and teachers from area schools.

7–8

Importance of Families

OBJECTIVE:

To recognize the importance of families, family roots, and participation in family activities.

BACKGROUND:

Peer group relationships become increasingly important from ages 12 to 14, and adolescents may try to distance themselves emotionally from their families, especially their parents. This lesson reminds students that (1) although families may share some characteristics, every family is different, and that is okay; and (2) taking part in family activities is an important way to develop a sense of belonging.

ACTIVITIES:

Discuss the meaning of family and what forms families may take:

- two natural parents
- single parents
- step-parents
- grandparents
- foster parents
- brothers and sisters
- aunts, uncles, cousins
- other relatives or friends.

Have students write a list of their immediate family members (those who are most closely related or who live with them) and ways in which they spend time with each of them (examples: eat meals, go to church, read, play ball, watch television, go shopping, work around the home).

RESOURCES:

Chalkboard.

TEACHER TIPS:

- Do not push participation by students who are hesitant or who might have family problems.
- Encourage students to discuss special events in their family history with their parents and other relatives.

(continued on reverse)

Ask students to select their three favorite activities and to note when and how often they participate in them, who else participates, and why they enjoy the activities so much. Ask students to write some of these activities on the board. Discuss how families differ in what they do together. Emphasize that differences are okay.

Ask students to jot down an event or accomplishment in their family history that made them proud (examples: a brother graduating from college; a sister winning an award or trophy; parents immigrating from another country to build a better life; grandparents raising an extended family). Ask students to name some of these events or characteristics. Discuss how every family has reasons to be proud.

7–8

Assessing Messages

OBJECTIVE:

To identify and assess the impact of messages in various media, such as music, videos, movies, television, and advertising.

BACKGROUND:

Music lyrics, movies, television, music videos, and advertising can send powerful messages about drug use. At ages 12 to 14, youth are attracted to the idea of living in a fantasy world, and they are vulnerable to both good and bad media messages. This lesson helps students analyze messages and their potential influence related to drug use.

ACTIVITIES:

Have students bring in albums, tapes, or videos with lyrics that depict or suggest activities such as smoking, drinking, or using other drugs. If possible, obtain lyrics for the songs. Have the class analyze the lyrics for drug messages.

Show examples of advertisements in newspapers and magazines and on television that make drug use look attractive. Have the class list descriptive words evoked by these ads.

Discuss the following:

- What are these messages saying?
- Why are these messages being used?
- What effect can such messages have?
- Are they harmful?
- Can music, videos, movies and advertising be used to help prevent drug use? (ask for examples)
- How should songs, videos, and advertising that include pro-drug messages be dealt with?

Discuss what students can do to counter the effects of lyrics and advertising that condone or promote drug use. Suggestions:

- Write to music or video producers to request that they dispense with pro-drug use messages.
- Create a bulletin board collage of positive, no-drug use messages found in lyrics and advertising.

RESOURCES:

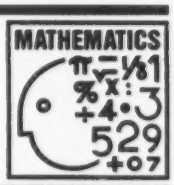
Stereo/tape player, television and video recorder; lyrics; examples of advertising from newspapers, magazines, and television.

TEACHER TIPS:

- **Explain why cigarette advertising no longer is allowed on television (such advertising is prohibited by federal law because it was found to promote tobacco use, which has been linked to cancer and other diseases).**
- **Point out how ads glamorizing alcohol and tobacco fail to show the adverse effects of their use—addiction, disease, disruption of family life.**

7–8

Drugs and Crime



OBJECTIVE:

To analyze the effects of tobacco, alcohol, and other drug use on crime rates and the economy.

BACKGROUND:

Youths between the ages of 12 to 14 are becoming more aware of their environments and their communities. This lesson shows how drug use hurts the user and society.

ACTIVITIES:

Explain that drug use costs the United States billions of dollars every year. Much of this money is spent on law enforcement, rehabilitation, and prevention education. Point out that a portion of taxes that students' parents pay goes to support institutions involved in fighting the drug war—military, police, prisons, hospitals—and in preventing drug use—schools, social services, research institutions, and others.

Discuss the following:

- How do students feel about their families' having to pay for the effects of drug use?
- How else could this money be used? (examples: youth programs, educational loans, scientific research)
- How else could the United States get money to deal with the drug problem? (examples: raise taxes, use money confiscated from drug sellers)
- How would students solve the drug problem?

Have students complete the worksheet "Drugs and Crime."

Go over information and responses on worksheet.

RESOURCES:

Worksheet.

TEACHER TIPS:

- "Drugs and Crime" Answer Key:

(1) 486,000 people
(2) 6,000 suicides
(3) $150; $1,050
(4) 3,500,000 arrests
7,500,000 arrests
(5) 17,000 accidents
(6) $98 billion

Name _____ Date _____

Drugs and Crime

1. Fifty-four percent of people convicted of violent crimes had used alcohol before committing the offense. If 900,000 people were arrested for violent crimes, how many had used alcohol before they were arrested?

2. Thirty percent of all suicides are at least partly attributed to alcohol. If 20,000 people commit suicide, how many of these suicides were directly or indirectly caused by alcohol use?

3. Heroin addicts may have to steal items worth three times the cost of a daily drug habit (because they get so little for reselling stolen goods). If a person has a $50 a day heroin habit, how much would he have to steal in one day to cover his addiction? How much for one week?

4. Each year, there are some 500,000 drug-related arrests. At that rate, how many total drug-related arrests will we have in seven years? In 15 years?

5. Half (50 percent) of all motor vehicle fatalities are attributed to alcohol use. If there are 34,000 motor vehicle fatalities in one year, how many can be attributed to alcohol?

6. Approximately $8 billion is spent on drug enforcement every year in the United States. Drug users spend $90 billion a year to purchase illegal drugs. If no one purchased illegal drugs for one year and no money was needed for drug enforcement that year, how much money could be used for healthier purposes?

7–8

Goals for the Future

OBJECTIVE:

To help youths look at their lives with broader perspective and establish goals for the future.

BACKGROUND:

Adolescents in grades 7–8 are very concerned with the present. Youths who use or sell drugs usually are seeking temporary thrills, escape from problems, acceptance from peers, or fast money—all of which are of more immediate importance than their future and the harmful consequences of drugs. This lesson attempts to build self-esteem and to provide direction by helping students review successes in their lives and think about what they would like to accomplish in the future—and how using or selling drugs would interfere with attaining positive life goals.

ACTIVITIES:

Draw a time line on the board and have students copy it on a piece of paper. Label the left terminus *Birth* and the right terminus *The Future*, ending in an arrow. Divide the time line into segments according to stages of life (examples: *Infancy, Early Childhood, Childhood, Pre-adolescence, Adolescence, Young Adulthood, Adulthood, Middle Age, Old Age*).

Explain that each person's life is like history itself: filled with mundane daily happenings that are sparked by extraordinary events that change the course of life. Examples of such events: learning to walk and talk, entering school, learning to read, winning a competition, learning a sport, graduating from high school, getting a good job, having a family, and so on.

Ask students to note on their time lines important events that have occurred in their lives. Then ask them to fill in the rest of the time line with specific goals they would like to accomplish. Invite a few students to put their time lines on the board.

Discuss a few of the time lines and the efforts involved in reaching some of the goals students have identified. Point out the value of looking at life as a continuum, with accomplishments creating the foundation for future accomplishments. Discuss the following:

RESOURCES:

Chalkboard.

TEACHER TIPS:

- Discuss how our nation's leaders have affected history. Example: The Rev. Martin Luther King, Jr. and the civil rights movement. Suggestion: Read and discuss King's "I have a dream" speech, and discuss how it relates to setting goals for the future.

(continued on reverse)

- Why is it a good idea to outline life goals?
- What does it take to make goals and dreams become reality?
- What effect would using or selling drugs have on your ability to reach your goals and dreams?
- What can you do this week (month, year) to help you reach your goals?

7–8

Assessing Credibility

OBJECTIVE:

To learn how to assess the credibility of information sources, especially older people and those in positions of responsibility.

BACKGROUND:

By grades 7–8, youths have begun to distinguish between the good and bad influences that older people have on them. This lesson helps them to identify the good in people and encourages them to follow only positive, healthy, life-affirming directions from older people and authority figures.

ACTIVITIES:

Give each student two popsicle sticks and direct them to create masks from paper, paints, yarn, glitter, glue, and other materials you have on hand. Ask students to make one mask representing someone in their lives whom they respect (examples: parent, teacher, friend, neighbor, doctor, religious leader, Scout leader).

Explain that maturing is a lifelong process, and that part of maturing is learning whom to trust. Invite a few students to identify who their mask people are and why they look up to them. Discuss the following questions:

- What kinds of attitudes and beliefs do these authority figures represent?
- Why do people we respect inspire trust?
- Are they concerned about you and your future?

Ask students to make the second mask represent someone older who asks them to do something wrong or unhealthy (examples: smoke cigarettes, drink beer, take some pills, steal, or lie). Tell the students that they do not have to identify a real person. Discuss the following:

RESOURCES:

Two popsicle sticks for each student, colored paper, scissors, paint and paintbrushes, yarn, glitter, glue, other mask-making materials.

TEACHER TIPS:

- Coordinate with a language arts, music, or drama teacher to have students present a masked drama or puppet show for younger students.

(continued on reverse)

- What kinds of attitudes and beliefs do these figures represent?
- Are they concerned about you and your future?
- What might happen if you did what they asked?
- What would you say in response?
- Are they credible? Why or why not?

Explain that an important part of trust is knowing that the other person has your best interests at heart and would not encourage you to do something that is unhealthy, dangerous, or harmful.

7–8

Drugs and the Body

OBJECTIVE:

To identify drugs and their effects on the body.

BACKGROUND:

At a stage when youths like to experiment and take risks, they need to understand why tobacco, alcohol, and illegal drugs are unhealthy and dangerous to themselves and others.

ACTIVITIES:

Photocopy the drug charts in the Resources Section, Part VI, pages 12–22 and give each student a copy. Then discuss each drug classification and the drugs within it. The lesson should include discussion of the following:

There are three groups of exogenous drugs that are classified according to the way they affect the chemical and electrical balance in our brains. These classifications are depressants, stimulants, and hallucinogens.

Depressants suppress the transmission of electrical messages between neurons in the brain, which causes a slowdown in thinking, feeling, and acting.

Stimulants increase the quantity of neurotransmitters between neurons either by blocking receptors that normally would accept them or by blocking their return to their original neurons.

Hallucinogens overstimulate all brain systems and can confuse the brain into having sensory experiences that are not real or that can alter perceptions or exaggerate reality.

Divide the class into three groups and assign a classification to each group. Direct each group to study the drug chart and prepare a brief presentation on the drugs within their categories—drug names, what they look like, how they are used, and side effects. Tell each group to have as many students participate in the group presentation as possible, within a five-minute period.

RESOURCES:

Drug charts on pages 12–22 in the Resources section.

TEACHER TIPS:

- Review the more difficult concepts and terms during this lesson and repeat them in subsequent lessons.

(continued on reverse)

After the presentations, explain the following:

- All drugs, including alcohol, eventually deplete or change brain chemicals.
- All drugs, including alcohol, can break down the immune system.
- All drugs, including alcohol, can affect hormone levels and impede normal sexual development and performance.
- All drugs, including alcohol, can harm the developing embryo or fetus and the health of future children.
- All drugs, including alcohol, can hurt you, your family, and your friends.

7–8

Stress and Exercise

OBJECTIVE:

To understand that physical activities help relieve stress and can provide a healthful alternative to drug use.

BACKGROUND:

Youths ages 12 to 14 have a tremendous amount of energy, enthusiasm, and curiosity, which can be channeled into healthful physical activities. This lesson teaches that a regular exercise regime can help relieve stress.

ACTIVITIES:

Explain that exercise, especially aerobic exercise, increases the flow of oxygen through the lungs, which causes the heart to pump harder. This process causes changes in the body: turning red, perspiring, and breathing heavily. Vigorous exercise also increases the flow of oxygen to the brain, muscles, skin, and other organs. As a result, we look and feel better.

Explain that free-form movement is an exercise that everyone can do without feeling silly or uncoordinated. Swinging the arms and legs and jumping to the music are okay—you do not need to know complicated steps. For an aerobic benefit, movement must be done vigorously and for at least 20 minutes—the more energetically you swing the arms and jump or jog in place, the higher you push your heart rate. (Explain the heart rate formula.)

Direct students to spread out and do gentle stretches for five minutes. Tell them to begin moving (examples: dancing, playing basketball, jogging) when the music starts. Ask students to walk in place and check their heart rates between songs.

Explain that drug use can raise the heart rate and provide a temporary thrill, but it has none of the positive physical and mental health benefits of an activity such as dancing, basketball, jogging, swimming, or other aerobic workout.

Use the activities shown on the next page to encourage discussion of the benefits of various kinds of physical exercise.

RESOURCES;

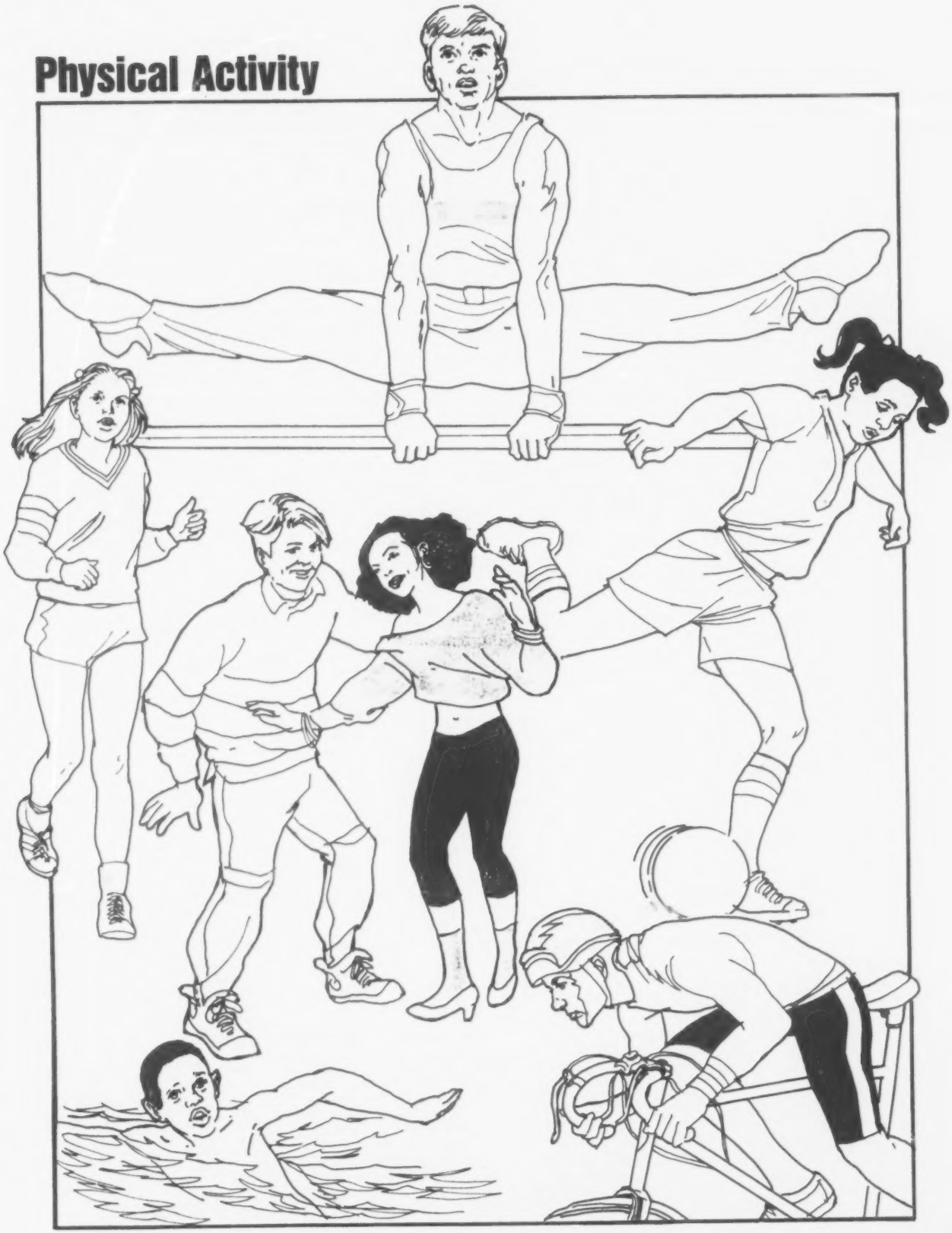
Activity page (next page).

Gym or large open space with basketball hoops and basketballs; tape player and 20-minute tape of lively music (suggestion: rock, or a mixture of rock, Latin, polka, rhythm and blues, fast classical).

TEACHER TIPS:

- Check first to make sure no students have high blood pressure or other health problems.
- If the music has lyrics, make sure they contain only positive, healthy messages.
- Tell students to drink extra water after class to rehydrate the body.

Physical Activity



7–8

Peer Pressure

OBJECTIVE:

To identify ways to cope with peer pressure to use tobacco, alcohol, and other drugs.

BACKGROUND:

At ages 12 to 14, youths are aware of drugs and may already have been offered or pressured to use drugs by older siblings and friends, or by their own peers. This lesson helps students recognize peer pressure and decide how to refuse drugs.

ACTIVITIES:

Discuss peer pressure—or pressure from people your own age to do things you know are risky, wrong, or that you normally wouldn't do on your own. Discuss the various forms such pressure can take.

Have the class read the segment of *Tom Sawyer* in which Huckleberry Finn offers Tom Sawyer a smoke of his pipe (chapter 16, "First Pipes").

Ask students to describe the implications of this scene and its relationship to peer pressure.

Have students write a brief essay on what they would do in the same situation. Ask students to tell what effect saying no to smoking might have on Tom and Huckleberry's friendship.

Ask students to write another brief essay on what might happen if they were to refuse an offer of drugs from one of their own friends.

RESOURCES:

Tom Sawyer by Mark Twain.

TEACHER TIPS:

- Explain to students that the ideal of love and friendship assumes a level of responsibility toward the other person which prohibits causing danger or harm.
- Discuss with students how peer pressure is depicted in other pieces of literature or in movies, television, or music lyrics (suggestion: show and discuss the movie *Stand By Me*).

7–8

Helping Others

OBJECTIVE:

To encourage students to help others, including their peers.

BACKGROUND:

Youths of ages 12 to 14 like to be helpful, but often overlook opportunities to help other youths. Because they are so concerned about being accepted at this age level, they generally do not feel comfortable asking their peers for help—because that might be perceived as a sign of weakness. This lesson helps students understand that both seeking help and giving help can be signs of strength.

ACTIVITIES:

Using stories that students have clipped from a local or state newspaper, discuss problems in your community or state and examples of ways in which civic groups, social service agencies, religious groups, and others are helping (examples: a local community group helping immigrants resettle; a nonprofit group providing after-school care for children). Discuss how helping people find jobs and housing, child care, medical care, and other assistance helps the whole community.

Explain that communities need help from youths, and point out that one way youths can contribute to their community is by helping their peers. Ask students to suggest ways in which peers may need help (examples: improving academic skills, learning a new sport). Have students write a few of these on the board. Discuss why it may be difficult for young people to ask peers for help, and how asking for and accepting help can be signs of strength.

Discuss with students some actions they might take to help peers (tutoring in academic subjects, visiting someone in the hospital, coaching someone in a sport, conducting a school clothing drive for needy youths).

Ask students to select one idea and write a brief proposal on how they intend to help someone their own age (note: tell students they may keep confidential the person's identity). Ask a few students to read their proposals, and discuss how often they might want to commit themselves to helping (example: only once, once a week, once a month).

Ask students to report to the class periodically about their helping experiences.

RESOURCES:

Newspaper clippings.

TEACHER TIPS:

- Create a "Peers Helping Peers" bulletin board where students can sign up for specific helping projects within the school. Assign a peer-helping leader to help direct each project.

7–8

Decisions For the Future

OBJECTIVE:

To understand that choices sometimes present dilemmas, and that choices students make now may affect their future.

BACKGROUND:

Young adolescents often believe they are invulnerable. Their attention is focused on the present and they generally do not consider how actions such as drug use might affect their future. This lesson helps students understand that they are beginning to face choices that may help determine their direction in life.

ACTIVITIES:

Read aloud "Stopping by Woods on a Snowy Evening" by Robert Frost.

Discuss the following:

- Why does the speaker stop by the woods?
- Why is the speaker attracted to the woods?
- What is the speaker's dilemma?
- What does he choose and why?

Ask students to write a brief essay on how the speaker's choice between his goal of home and responsibilities and the unknown may parallel choices students have to make in their own lives.

Ask students for examples of dilemmas they might face in which they must choose between responsible behavior and something that appears enticing, or risky, or would allow them to escape responsibilities (doing homework rather than going out with friends, choosing friends who engage in positive, healthy activities rather than ones who use drugs).

Read the poem aloud again.

Have students write a brief essay describing the "woods" in a decision they face, and what they think might happen in the future if they were to choose that route.

RESOURCES:

"Stopping by Woods on a Snowy Evening" by Robert Frost.

TEACHER TIPS:

- Remind students that asking a trusted adult for help in making decisions that can affect their immediate or distant future is a good way to gain perspective on their choices.
- Emphasize that if a friend has taken a wrong direction and is having problems (such as drug use), it is better to tell a trusted adult who can help rather than letting the friend get into deeper problems.

7–8

Decision-Making Skills

OBJECTIVE:

To learn the scientific method through role-playing decisions about drugs.

BACKGROUND:

At this age level, youths look for ways to make decisions and solve problems that can be applied in many situations. The scientific method provides a process for thinking about decisions.

ACTIVITIES:

Outline the fundamentals of the scientific method, and discuss how these concepts can be applied to an experiment related to drug research (examples: the effect of smoking on the lungs).

Explain that people can solve everyday situations and problems using steps similar to those in the scientific method:

1. Ask yourself what the problem is (PROBLEM);
2. Decide on your goal (HYPOTHESIS);
3. Stop and think of as many solutions to the problem as you can (ANALYSIS);
4. For each solution, think of all the things that might happen next (DATA, OBSERVATIONS);
5. Choose your best solution (CONCLUSIONS);
6. Rethink it once more (just to be sure).

Divide the class into teams of four and explain that each group will be acting out situations that require careful thinking to arrive at a decision on which everyone agrees. Give each group a situation card (next page).

Explain that members of each group, using the modified scientific method, must decide together the best way to handle the situation.

Two group members are responsible for role-playing the situation while the other two members identify and record the steps the group takes in reaching consensus. The role pl ying is over when the group arrives at a decision on which everyone agrees.

Have each group present their role play and explain their conclusions, using the steps of the problem-solving method.

Review similarities between the scientific method and the problem-solving model. Emphasize that, although the problem-solving model most often is a mental process, it must be practiced if people are to make effective decisions.

RESOURCES:

Role-playing cards (next page).

TEACHER TIPS:

- Create other role-playing situations, or have students share the steps they go through to reach decisions, and discuss these with the class.

Sample Situation Cards for Practicing the Problem-Solving Model Through Role Playing

1. Your best friend has decided that he or she wants to spend more time with a group of people at school known to use alcohol and other drugs. Your friend asks you to join them at the park after school to use drugs. Using the problem-solving model, decide what you will tell your friend about meeting him/her after school and about this group of friends and their use of drugs.

2. You share a locker with a very popular student at school. Before school one morning, you open the locker and discover a small plastic bag with something in it that you think looks like marijuana. You must decide how to speak to your locker partner about your discovery. You do not want to jump to conclusions about the contents of the bag and why the bag is in your locker, but this locker also belongs to you, and you are responsible for its contents.

3. Using alcohol or other drugs is forbidden on your school sports team, and you agree with this policy. Two of your team's best players begin bragging to you and other teammates about their use of drugs before games, claiming that their athletic performance is enhanced by drugs. You and other nonusers on the team must decide how to approach this problem; the health of your friends as well as the success of your team is at stake.

4. A parent for whom you are babysitting comes home drunk and wants to drive you home.

7–8

Laws and Drugs

OBJECTIVE:

To learn about policies and laws regarding drug use.

BACKGROUND:

Youths ages 12 through 14 may face pressure to try tobacco, alcohol, and illegal drugs. They should know the consequences of drug use and how violating drug laws and policies may affect their future.

ACTIVITIES:

Review school policies on drug use, and discuss the consequences of being found using or selling tobacco, alcohol, or illegal drugs.

Invite a representative of the juvenile justice system to speak with the class about the consequences of violating laws regarding minors and drug use (examples: a district attorney, a prosecutor, a social services worker).

Have the visitor brief the class on state and local laws related to the use, manufacture, or sale of drugs by minors and discuss the following:

- how juveniles are dealt with in the system;
- what kinds of punishments are common;
- whether parents are held responsible;
- how much the legal process costs, and who pays for it;
- how adjudication could affect a student's standing in school;
- how adjudication could affect future opportunities;
- how the system finds out about drug use among youths;
- what the laws are regarding search and seizure; and
- what steps youths can take if they suspect drug use.

RESOURCES:

A representative of the juvenile justice system; copies of the school's code of student conduct or student handbook.

TEACHER TIPS:

- This lesson provides a time to learn about laws regarding drugs and minors. This is a sensitive topic, and teachers should not encourage students to reveal in class names or information regarding people they suspect may be using or selling drugs.

Grade: (Sample format page for lesson plan development)

Title: **Subject:**

OBJECTIVE:

BACKGROUND:

ACTIVITIES:

RESOURCES:

TEACHER TIPS:

Background For Teachers

Grades 9–12 (ages 14–18)

Youths in grades 9–12 (14- to 18-year-olds, approximately) are a diverse population. The years between 14 and 18 represent vast changes from the immaturity of early adolescence to the nearly full maturity of adulthood.

Perhaps the most problematic aspect of grouping students at these ages together in high school is that the young ninth graders are exposed to much older youths, many of whom have greater mobility and exposure to the world (they are driving automobiles and are legally able to work). Youths at risk of drug use find themselves exposed to a much less sheltered world than in their elementary or middle school; as a consequence they are suddenly exposed to more opportunities, both good and bad.

For younger people in this age grouping, older schoolmates can be the link to drug use. Wanting to belong, the younger ones may engage in dangerous and self-destructive activities. The "trickle-down" effect described by proponents of raising the legal drinking age argue this point persuasively by citing evidence that older youths may entice the younger ones to drink alcohol. Adults become especially important as resources for helping youths resist drugs. Adults can influence youths by being models of positive, healthy, responsible attitudes and behavior.

Influence of peers and adults

From ages 14 to 18, friendships become increasingly important to youths, and friends become a source of information for making sometimes significant decisions. At these ages, friendships can be volatile. Girls especially may be friendly and supportive of one another one day and noncommunicative and hurtful the next. Adults may wish to intervene, but they need to exercise restraint so that youths can work out their own relationship problems and improve their communication skills.

Friendships with persons of the opposite sex become increasingly important. Physiologically, youths feel an increasing attraction to the opposite sex, and to some extent, social norms push the adolescents to pair off. Many events, school-sponsored or not, encourage youths to relate to the opposite sex. During the course of this "pairing-off," some youths may be pressured to engage in behavior that is contrary to their own or their families' values. Such pressure may cause conflict and stress.

In addition, interest in the opposite sex may push adolescents to accept dares, take risks, or take advantage of others by boasting about nonexistent accomplishments so they can appear more worldly. Such behavior is troubling to adolescents, and they need help dealing with feelings of guilt. This is a risky time, because the future is at stake. Parents who can keep lines of communication open during this period are giving one of the greatest gifts they can provide. Being authoritative without being overly judgmental and listening without giving advice unless it is asked for, are two important communication skills that parents and other adults should try to cultivate to help adolescents.

Tailoring the prevention message

Older adolescents increasingly are able to deal with abstract concepts such as truth and justice. Together with a more mature moral view of the world, which allows them to consider how individuals and their actions affect others' lives, this ability to think and reason in the abstract allows them to consider the economic costs of drug use; the results of teenage pregnancy; the reasons for laws; and the impact of drugs on our health care, rehabilitation, and judicial systems. Drug prevention education consequently should focus less on drugs and their use as on the ways in which drugs affect society. Infusing drug prevention education throughout the curriculum is essential, and the entire school staff should be involved in presenting the drug prevention message.

As adolescents move toward the legal drinking age of 21, alcohol use tends to be heavy. Drug prevention for older adolescents, consequently, should stress the necessity of responsible behavior by those who choose to drink when they become of legal age to do so. They should understand the dangers and consequences associated with alcohol use (during pregnancy and while driving a car or operating machinery, for example). This, of course, should be discussed in the context of the prevention message that alcohol is not legal for youths under age 21.

that it is harmful to developing bodies, and that many people choose not to drink.

At ages 14 through 18, youths are interested in the future. They understand how choices they make now can have both immediate and long-term implications and consequences. They are increasingly able to understand that seeking instant gratification can result in events that may change the entire direction of a person's life: a pregnancy, an arrest for drug possession, or exclusion from a sports team for drug use. Adolescents need to know that certain choices now can limit them later on. This message must be presented straightforwardly and early.

Adolescents continue to be body-oriented; they want to be physically healthy and attractive. Drug prevention education consequently needs to point out the inconsistencies between using drugs and maintaining a healthy, attractive body. Youths may deny that drugs will harm them, but they need to be aware regardless. In particular, they should know that drug use lowers the immune system, and that sharing needles during intravenous drug use is one way to get AIDS. They must have straightforward, accurate information to help them prevent the spread of AIDS.

Influences on learning

Adolescents face a great deal of stress from competing in school, learning how to handle relationships with other people, dealing with societal pressures, and planning for the future. Often, they are not prepared to cope with this stress. When they were younger and felt ill, a pill might have helped. Now the pill becomes alcohol, an illegal drug, or a relationship that does more harm than good. These inappropriate coping mechanisms cause more stress. Adults can help adolescents cope with stress by listening to them and by supervising outlets for stress through art, drama, music, and sports.

Youths ages 14 through 18 are creating their own ethical systems. They no longer believe that adults are always right by virtue of their age. These older adolescents believe that they are right, and they tend to try to justify their actions as correct moral choices. They perceive decisions and issues as falling less into exclusive categories of right or wrong, and more into a vast gray area between right and wrong. They like to explore various angles and interpretations of decisions and issues. As a result, they are willing to consider the implications of decisions, and they respond to attempts to develop decision-making skills in various subjects.

Drug prevention messages must have as a foundation accurate, factual information from which youths can draw conclusions about the dangers of drug use. Youths need to continue to learn and practice peer refusal skills, but they also need to understand the reasons for saying no.

As the next generation of American leaders, high school students need to feel competent in themselves and hopeful about their prospects for the future. They need to be able to make independent decisions and to assume responsibility for choices that affect themselves and others. They need to see that, as citizens, they are responsible for making their communities better, safer places to live. They should be encouraged to develop civic responsibility by volunteering for projects such as cleaning up neighborhoods, assisting elderly or handicapped citizens, tutoring younger children, and beautifying public places.

At these ages, youths use critical thinking skills to assess the credibility of persons who influence them, to assess how they may be models for others, and to determine how their behavior corresponds with their goals for the future.

Facts About Alcohol and Other Drugs

Grades 9–12

Youths in grades 9–12 face much greater exposure to drugs than they had at earlier grades. Between the ages of 14 and 18, youths are exposed at school and through social activities and jobs to older people who may use alcohol, tobacco, and other drugs. Although they may have made a conscious decision never to use drugs, they are still vulnerable, and the opportunities are ever-present.

At these ages, youths do not feel comfortable talking with their parents about drugs, but they will confide in other trusted adults whom they perceive as nonjudgmental. Because adolescents get most of their information from each other, their information may be inaccurate. Teachers, coaches, job managers, and others can be sources of information and models of positive, healthy, responsible behavior.

Youths in grades 9–12 need more sophisticated information about drugs, they need to make connections between drug use and its consequences for individuals and society, and they need to see that drug use does not fit in with establishing productive life goals. Drug prevention education should underscore that students are citizens and consumers, and that as part of society, they must bear the costs of drug use.

Concern about drug use

The National Adolescent School Health Survey conducted in fall of 1987 by the National Institute on Drug Abuse among 11,000 eighth and tenth graders, found the following drug use:

Tobacco

- 63 percent of tenth graders reported having tried cigarettes, and 26 percent reported smoking within the previous month.
- Nearly equal numbers of males and females reported ever trying cigarettes and smoking within the previous month.
- 12 percent of males and 1 percent of females reported having chewed tobacco or used snuff within the previous month.
- Of those students who had tried cigarettes, 41 percent of tenth graders reported first use by grade 6.

Alcohol

- 89 percent of tenth graders reported having tried alcohol, 69 percent of them by grade 8.
- 53 percent of tenth graders reported having had an alcoholic beverage within the previous month.
- 38 percent of tenth graders reported having had five or more drinks on at least one occasion within the previous two weeks.
- 18 percent of tenth graders reported combining alcohol and drugs on one or more occasions within the previous month.

Marijuana

- 35 percent of tenth graders reported having tried marijuana; 56 percent of them reported first use by grade 8.
- 15 percent of tenth graders reported having used marijuana within the previous month.
- Past-month marijuana use was reported by 10 percent of females and 12 percent of males.
- 4 percent of students reported having used marijuana six or more times within the previous month.

Cocaine

- 9 percent of tenth graders reported having tried cocaine.
- 3 percent of tenth graders reported use within the previous month.
- Of those who had tried cocaine, about one-third (33 percent) had tried crack.
- Of those who had tried cocaine, 76 percent of tenth graders reported first use by grades 9 or 10.

Inhalants

- 21 percent of eighth and tenth graders had tried inhalants (glues, gases, sprays). Of those, 78 percent reported first use by grade 8.
- 5 percent of tenth graders reported inhalant use within the previous month.

Perception of risk

- 86 percent of students perceived a moderate or great risk from smoking cigarettes daily.
- 80 percent perceived a moderate or great risk from regular alcohol use.
- 81 percent perceived a moderate or great risk from occasional use of marijuana; 88 percent, cocaine; 77 percent, inhalants.

Peer disapproval of drug use

- 76 percent of students reported that their close friends would disapprove if they smoked a pack of cigarettes a day.
- 74 percent reported their close friends would disapprove if they drank alcohol regularly; however, slightly fewer than half (43 percent) reported that their close friends would disapprove if they drank alcohol occasionally.
- 81 percent reported that their close friends would disapprove if they smoked marijuana occasionally, and 93 percent said they would disapprove if they used cocaine occasionally.

Other findings

- 86 percent of students reported that it would be fairly or very easy for them to get cigarettes; 84 percent, alcohol; 57 percent, marijuana; 27 percent, cocaine.
- 88 percent of tenth graders reported having learned about the effects of drugs and alcohol in school.

Information about drugs

The names, classifications, and effects of drugs are given in the Resources section in Part VI, pages 12–22.

Youths in grades 9–12 should:

- know how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- understand that the long- and short-term effects of specific drugs include addiction and death;
- understand that use of alcohol and other drugs is illegal at their age;
- understand that experimenting with drugs is using drugs;
- know how drugs are pushed and how society fights the drug supply problem;
- know that laws about the use, manufacture, and sale of drugs are designed to protect people;
- be aware of the extent of the drug problem locally and know what authorities are doing to control it;
- understand addiction and know how it affects individuals and their families;
- know that tobacco in any form is unhealthy, and that wine coolers are illegal drugs;
- understand how steroid use can damage the body and mind;
- know how and why the effects of drugs vary from person to person, especially immediately after use;
- know how drugs affect different parts of the body, especially the circulatory, respiratory, nervous, and reproductive systems; and why drugs are dangerous for growing bodies and developing minds;
- know how drug use is related to certain diseases and disabilities, including AIDS; learning disorders and handicapping conditions; birth defects; and heart, lung, and liver disease;
- understand that taking a combination of drugs, whether illegal or prescription, can be fatal;
- know how alcohol, tobacco, and other drugs affect the developing fetus and the breastfeeding infant;
- know the full effects and consequences of operating equipment, driving vehicles, and performing other physical tasks while using drugs;
- know the full effects and consequences of drug use on the performance of intellectual tasks;
- know that drug use can affect opportunities for personal growth and professional success;
- be familiar with treatment and intervention resources;
- understand that they are role models for younger youths.

Drug prevention education

Drug prevention lessons and activities in grades 9–12 should:

- encourage open and frank discussions about concerns related to drugs and drug use;
- focus on life skills such as problem solving, coping with stress, maintaining healthy friendships, and communicating with a wide range of adults;
- not glamorize drug use through the acceptance of drug-using behavior by folk heroes such as musicians, actors, and athletes;
- emphasize that most people, including the majority of people their own age, do not use drugs;
- emphasize the development of personal and civic responsibility;
- emphasize the development of self-confidence;
- emphasize the development of healthful leisure activities as a way to cope with stress, such as sports, music, art, clubs, and volunteering;
- emphasize the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.

Working With Parents

Grades 9–12

The years between 14 and 18 represent a vast range of development, and parents of youths in this age group exhibit a great range of interest, concern, and involvement in their children's lives. Most of these parents perceive their children as nearly grown up. They expect adult capabilities and behavior, and they allow their children much latitude.

Youths at these ages expect to be able to do everything—schoolwork, extracurricular activities, jobs, dating. The pressure to do everything well often causes "burnout" for high school students and can lead to stress-related mental and physical illnesses.

High school-age youths are so independent that parents may feel they are no longer an important influence in their children's lives. As a result, some parents may cease to be involved in their children's schooling or to be aware of who their children's friends are or what happens in their social lives. To encourage parents to take an active part in their adolescent children's lives, schools can provide some information to help parents understand and respond to their children's needs.

Youths at these ages are familiar with tobacco, alcohol, and other drugs. Many of them have had drug prevention education and know the legal ramifications of using drugs. But for some youths, drugs become a way to relax, escape problems, or earn easy money. Parents need to be vigilant so that youths do not succumb to the immediate gratifications of using and selling drugs.

Adolescents have a realistic view of their parents. Although some parents may retain some heroic qualities for their children, most adolescents become more aware of their parents' flaws. Although youths may claim that their parents are out of touch with the modern world, young people still need parents to exert authority and serve as role models of responsible, caring adults.

Parent participation

In working with parents of youths in grades 9 to 12, remind them that they still have an important role to play in their children's lives and that their children still need to know they are concerned about them. Schools may want to provide parents copies of the Guidelines for Communication, the information pages on specific drugs, and the resource list from Part VI of this document. Schools also might wish to arrange workshops for parents of adolescent children, or to send home the following guidelines for parents of students in grades 9 to 12:

- Communicate often with your child, and ask periodically how your child is doing, thinking, and feeling.
- Share your life, including your feelings, with your child.
- Know where your child is and with whom at all times.
- Be aware of the signs of drug use, and watch for them in your child.
- Know the scientific and street names for drugs.
- Allow your home to be a supervised haven for youths, including your own, who have positive, healthy attitudes.
- Help your child set realistic short-term and long-term goals.
- Respond promptly to any reports of problems or requests for cooperation from the school concerning your child.
- Take pride in your child's achievements and let your child know that he or she is worthwhile.

Working With the Community

Grades 9–12

The high school years represent a vast range of development, when youths' needs and behavior evolve toward those of adulthood. During adolescence, youths need opportunities to try out their increasing independence and to develop a philosophy and an approach to life. This independence is necessary for making thoughtful decisions, establishing clear short- and long-range goals, and assessing the effects of experiences and people on their lives.

The community often is aware of high school youths through sports teams, test scores published in local newspapers, or dramatic or tragic events, such as automobile accidents involving alcohol. Early in high school, youths tend to hang out in public places, and some community members might perceive them as idle, out of control, self-centered, and unwilling to work hard or to persevere. In the latter years of high school, when many youths have a job and a driver's license, they are just as visible, but often are perceived by adults as being more mature, responsible, and independent and needing less guidance and support.

Although high school youths might appear to need less guidance and support, community support and involvement still are critical for them. They need to feel that the community believes in them and their future. Attitudes that reinforce the idea that drug use among high school students is inevitable, that they are irresponsible and out of control, and that nothing adults can do will help are especially damaging to youths' developing self-concepts and ability to establish life goals.

School administrators and teachers have influence well beyond the classroom. Educators know youths and their needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can join together with the schools to help keep children off drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent drug use.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund drug recovery programs.
- Ensure that adequate education about drugs is available, providing financial support when needed.
- Support efforts to provide AIDS education, including information on how AIDS is transmitted.
- Provide a safe environment in which youths can become more independent and mobile.
- Provide adequate physical and mental health care facilities that are easily accessible to youth.
- Support the development of youths' talents and abilities in art, music, crafts, vocational arts, sciences, and other areas of interest.
- Support financially the costs of equipment, travel, training, and adult supervision for activities that cannot be funded by the schools.
- Publicize youths' accomplishments and positive activities through newspapers, radio, and television.
- Establish a positive, upbeat attitude about youths in the community through a publicity campaign (examples: bumper stickers, slogans, newspaper ads).
- Establish clear-cut policies on the consequences of alcohol and other illegal drug use.
- Enforce laws and regulations related to drug and alcohol use, sale, and manufacture.
- Invite youths to serve on boards and task forces planning community development, and seek youth involvement when community planning specifically involves them.

- Establish an understanding within the community that all adults are role models for youths and must set the highest standards (examples: school security guards, cafeteria workers, bus drivers).
- Provide training and adequate pay for people who work with youths, and evaluate these workers frequently.
- Encourage youths to graduate from high school and to continue their education; provide financial support for continuing education when necessary.
- Provide adequate employment opportunities for youths after school and during summer break.
- Provide opportunities for youths to help others in the community (examples: volunteering in hospitals, nursery schools, nursing homes, camps).
- Help youths develop a philosophy of life that includes the value of working for what you receive and the concept that to obtain anything at another's expense is wrong.
- Help youths who are not interested in post secondary education to gain marketable skills so they can find employment after high school graduation.

9–12

Drugs and the Law

OBJECTIVE:

To understand the legal consequences of illegal drug use.

BACKGROUND:

Students ages 14 to 18 need to know the consequences of drug use, including how an arrest for using or selling drugs could affect their future. This lesson allows students to investigate state laws and local ordinances, and teaches them how violation of drug laws affects the community.

ACTIVITIES:

Invite a local district attorney or prosecutor to speak to the class about alcohol- and other drug-related crimes and the penalties for conviction.

Ask the visitor to discuss penalties for the following specific violations:

- driving under the influence of drugs or alcohol;
- selling marijuana, cocaine, and other drugs;
- possessing one ounce of marijuana;
- possessing a small amount of cocaine; and
- possessing larger amounts of cocaine.

Discuss the following:

- What are local ordinances concerning the sale or consumption of drugs that are legal for adults, such as tobacco and alcohol?
- What effects can conviction on a charge like driving under the influence of alcohol have on a teenager's future?
- How can teenagers protect themselves, their friends, and others from being injured or killed as a result of drinking and driving?
- What are the local and state costs of drug violations?

RESOURCES:

Local district attorney or prosecutor; state and local statistics on the cost of drug violations.

TEACHER TIPS:

- For more information on how to infuse drug prevention lessons into social studies and civics, contact the Constitutional Rights Foundation, 407 S. Dearborn, Suite 1700, Chicago, IL 60605. (312) 663-9057.
- Have students research traffic laws related to drug use by contacting the National Highway Traffic Safety Administration (400 Seventh Ave, SW, Washington, DC 20590) and other agencies and organizations.
- Conduct a mock trial. Direct the jury to decide the verdict, and discuss why. Have the jury sentence the teenager if he or she is found guilty.

9–12

Drugs and the Body

SCIENCE

OBJECTIVE:

To learn how alcohol, tobacco, marijuana, cocaine, and steroids affect the circulatory system in the human body.

BACKGROUND:

Adolescents generally are concerned about their bodies and should know how drug use harms the body. This lesson explains how the heart and blood vessels work and how they are harmed by drug use.

ACTIVITIES:

Distribute heart diagrams (next page) to students and review the major vessels and structures related to the heart. Emphasize the importance of keeping the circulatory system healthy. Explain that the heart, like any other muscle, will work efficiently only if it's healthy.

Divide the class into groups. Have each group practice tracing the pathways through the heart of oxygenated and deoxygenated blood, using red pencils or string for oxygenated and blue pencils or string for deoxygenated blood.

Assign each group to research how alcohol, tobacco, marijuana, cocaine, or steroids affect the heart and ask each group to prepare five questions for a class test on the effects of drugs on the heart.

Have one person from each group give a brief class presentation about the effects on the heart of the drug the group studied.

After the presentations, discuss the following:

- In what ways do these drugs have similar effects on the circulatory system?
- In what ways do these drugs have different effects on the circulatory system?
- How do blood tests measure the presence of these drugs in the body?
- What long-term effects, if any, will using these drugs have on the heart and blood vessels?

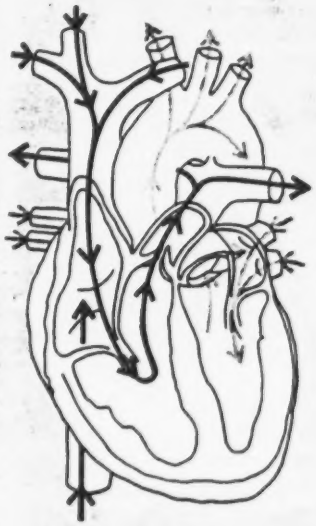
Give students the test composed of questions from each group, or use the questions as a homework assignment, or as material for a follow-up class on the effects of these drugs on the circulatory system.

RESOURCES:

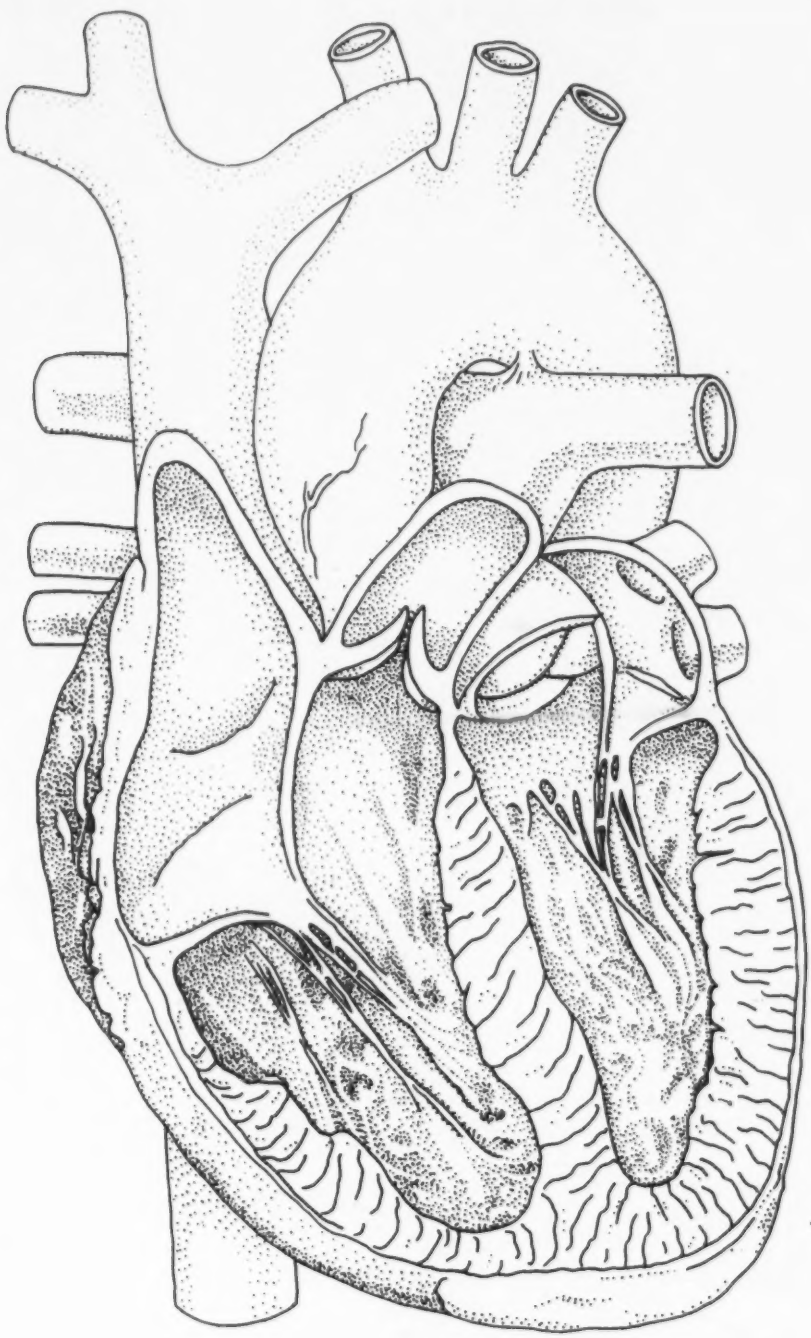
Heart circulation diagram (next page); blue and red pencils or lengths of string.

TEACHER TIPS:

- **Follow the same lesson outline for studying the effects of other drugs on the body.**



The Heart



9–12

Growing Up

OBJECTIVE:

To understand that growing up and developing relationships take time.

BACKGROUND:

Adolescence is a confusing time. Young men and women are given responsibility for some things, like preparing for work or college and getting a driver's license, but they are still considered too young to assume other adult responsibilities. This lesson teaches that adolescence is a time for developing relationships and discovering the world, and that this period should be put into the perspective of a whole lifetime.

ACTIVITIES:

Assign students to read the play *Our Town*, by Thornton Wilder.

Read aloud Act One. Or read selected scenes, such as morning at the Gibbs' house; when Mr. Webb enters through where Emily and Mrs. Webb exit; and where Dr. Gibbs talks to George.

Discuss the following:

- What kind of place is Grover's Corners?
- How do Emily and George feel about growing up?
- What kinds of responsibilities are they expected to assume?
- What attitudes are evident about people in town who use alcohol or tobacco, such as Mr. Stimson?

Read aloud Act Two or selected scenes, such as where the Stage Manager interrupts to go back in time with Emily and George through where they exit. Discuss the following:

- What does the Stage Manager mean when he says that even the little things in life are almost too exciting to bear when you're 16?
- How do Emily and George feel about his going to college?
- What are our attitudes today about the roles men and women assume? How do they differ from those of the characters in the play?

RESOURCES:

Our Town, by Thornton Wilder.

TEACHER TIPS:

- This lesson could be conducted over several days, having students act out the entire play. Make sure all students participate.
- Make sure you discuss how life options for young men and women have changed.

(continued on reverse)

Read aloud Act Three or selected scenes, such as where Emily returns to life when she was young. Discuss the following:

- Why does Mrs. Gibbs warn Emily against going back?
- How does Emily feel about life after she goes back?
- What do the other dead townspeople feel about life?
- What message does the play give about making the most of the positive aspects of growing up?

9–12

Drugs and Birth

OBJECTIVE:

To learn about the harmful effects of alcohol and other drugs on fetal development.

BACKGROUND:

Adolescents, both males and females, should know that using alcohol, tobacco, or illegal drugs not only harms the user, but can cause serious physical and mental damage or even death to the fetus.

ACTIVITIES:

Prepare for this lesson by reviewing normal fetal development.

Discuss the importance of the first trimester of pregnancy, when the developing fetus is at greatest risk of malformation due to drugs. Then ask students to identify drugs that could adversely affect the developing fetus (examples: alcohol, marijuana, cocaine, tobacco, caffeine, prescription drugs).

Give each student a copy of the handout Harmful Effects of Drugs on the Fetus (next page) and have the class read it. Discuss the following:

- Which drugs cause withdrawal symptoms?
- Which drugs cause seizures?
- Which drugs cause low birth weight?
- What are the problems of low birth weight?
- Which drugs cause physical handicaps?
- Which drugs cause learning disabilities and behavior problems?
- Which drugs affect men's and women's reproductive systems?

Discuss the myths, "I'll quit (smoking, drinking, taking drugs) when I get pregnant," and "Stopping when I get pregnant will be soon enough to prevent problems." (A woman usually doesn't know she is pregnant until six weeks into pregnancy, by which time the damage may already have been done.)

Divide the class into pairs and have students practice asking a friend or relative who is pregnant or wants to be pregnant to give up alcohol, tobacco, or other drugs. Have students share what they learned with the rest of the class.

RESOURCES:

Harmful Effects of Drugs on the Fetus (next page).

TEACHER TIPS:

- Suggest a local health agency or clinic where students could get more information or get help for a friend or relative who needs to know about the risks of drugs in pregnancy.

Harmful Effects of Drugs on the Fetus

Cocaine:

Use of cocaine by women in the early months of pregnancy can cause miscarriages or stillbirths. In later months, it may cause premature labor or delivery. Cocaine retards fetal growth and head size, and can cause malformed kidneys and genitals. Cocaine increases the risk of Sudden Infant Death Syndrome (SIDS) seizures, strokes before birth, and heart attacks after delivery. It may cause premature separation of the placenta, causing hemorrhage and shock. Babies exposed to cocaine in the womb do not nurse well or cuddle, can be irritable, unresponsive, and difficult to care for. Many babies born to cocaine-using mothers are born in withdrawal, suffering seizures.

Alcohol:

Alcohol use can cause Fetal Alcohol Syndrome (FAS) characterized by retarded fetal growth and resulting in infants who are born with below-normal weight and size that is never made up. FAS includes facial abnormalities such as a small head, narrow eyes, flat nose, and thin upper lip. Alcohol also can lead to defects of the heart, kidneys, muscles, joints, and sex organs. It can cause mental retardation as well as learning disorders, hyperactivity, poor coordination, and sleep disturbances. There is no safe level of alcohol use during pregnancy. Full-blown FAS defects are seen most often in offspring of women who have more than five drinks per day; however, as little as one or two drinks a week can cause miscarriages and stillbirths. Doctors are advising women and men to stop drinking three to six months before conception to avoid potential problems.

Marijuana:

Marijuana use can result in low birth weight and length and features similar to FAS. THC, the psychoactive ingredient in marijuana, remains in the fetal brain longer than in the mother's brain because the fetal brain has a higher fat content. Marijuana use can cause tremors at birth, neurological problems, seizures that may require medication, and abnormal visual responses. In adults, THC may cause disruptions in menstrual cycles, decrease in production of testosterone, rapid decrease in sperm count and motility, and some malformation of sperm.

Tobacco:

Tobacco smoke contains more than 2,000 different chemicals that cross the placenta, ending up in the fetal bloodstream. As a result, the amount of oxygen available to the fetus is reduced and the risk of miscarriage and premature birth is increased. The chance of infant death within one year also increases. Additional adverse effects are growth retardation and low birth weight, bleeding and delivery problems, and higher levels of infant heart and lung disease. Pregnant women who smoke two or more packs per day risk FAS-type problems in the fetus. Tobacco is most damaging in the last six months of pregnancy.

9–12

Myths About Drugs

OBJECTIVE:

To analyze myths and stereotypes that encourage drug use, especially alcohol and tobacco.

BACKGROUND:

Youths ages 14 to 18 are concerned about looking and acting mature. On one hand, they question society's norms and expectations; on the other, they wish to fit in by meeting certain expectations. Advertising strategies can exert a powerful influence on youth by suggesting that use of tobacco and alcohol makes people more attractive, popular, or individualistic. This lesson helps correct misconceptions and build resistance to advertising messages by pointing out myths and stereotypes related to alcohol use.

ACTIVITIES:

Assign students to read *The Merry Wives of Windsor* by William Shakespeare.

Discuss the character of Sir John Falstaff in the play, and especially, whether by his alcohol habit and personality description he fits the description of a lovable jerk.

Explain the importance of myth and stereotype in establishing roles and norms in society, such as the happy drunkard who is humored by all.

Ask the class for examples of how alcohol users are portrayed in television advertising (examples: team champion, one of the boys, patriot, hearty outdoorsman). Write these examples on the chalkboard. Explain that, by age 18, the typical American youth has been exposed to an estimated 100,000 beer commercials on television. Discuss the possible effects of viewing that many beer commercials.

On the chalkboard, create a list of myths associated with drinking beer in one column, characteristics of the males portrayed in beer commercials in the second column, and character traits of Sir John Falstaff that apply to those myths in the third column.

Have students write a composition on whether Sir John Falstaff fits the characterization of lovable jerk, citing passages from the play to support their conclusions.

RESOURCES:

The Merry Wives of Windsor by William Shakespeare; chalkboard.

TEACHER TIPS:

- Have students read "Myths, Men, and Beer," a study of beer commercials and their link to perceptions of masculinity, drinking and driving, speed, challenge, and consequences of drinking (available from the AAA Foundation for Traffic Safety, 1730 M St. N.W., Suite 401, Washington, D.C. 20036. (202) 775-1456).

9–12

Drugs and Peer Pressure

OBJECTIVE:

To identify ways to cope with peer and social pressure to use tobacco, alcohol, or other drugs.

BACKGROUND:

Youths ages 14 to 18 increasingly are exposed to drugs in social situations and by association with older people for whom tobacco and alcohol is legal. Although they may have decided not to use drugs, they are still vulnerable. This lesson teaches how to respond to peer and social pressure to use drugs.

ACTIVITIES:

Ask students to bring in songs that have a no-drug-use message. Listen to these songs in class and discuss the messages.

Discuss some ways to refuse drugs from peers. Examples:

- Decide how you feel about the situation, and stand up for your opinion.
- Say no. Keep repeating it if necessary.
- Do not make excuses. Assert your opinion.
- Recruit a friend to support your refusal.

Role play the following situations:

- You are spending the night with a friend, your friend's parents are not home, and someone arrives with beer.
- Two friends go to a party, the driver gets drunk, and the friend is not old enough to drive.
- Your best friend is visiting, and your sister offers both of you some pills.
- You meet a friend at a fast-food restaurant and are offered beer and marijuana.
- You are at school and find that someone has put marijuana in your locker.

After each role play, discuss how students handled the situation. Was their approach effective? Ask students for alternative ways to handle the situation.

RESOURCES:

Songs with no-drug-use messages; books of quotations.

TEACHER TIPS:

- Have students organize a presentation on peer refusal skills for younger students (example: grades 6–8).
- Suggest resources for famous quotes, such as *Bartlett's Familiar Quotations* and *Five Thousand Quotations for All Occasions*.

(continued on reverse)

Have students write a song about refusing drugs from a friend or social acquaintance, or, have students write five great one-liners to be used to refuse drugs. Direct them to create at least two original one-liners; they may use famous quotes for the rest.

9–12

Steroids and the Body

OBJECTIVE:

To understand how steroids can harm the body physically and mentally.

BACKGROUND:

Youths ages 14 to 18 are concerned about their appearance. Boys, especially, want to look muscular, and some use steroids to achieve that look. Some 6 percent of twelfth-grade males had used steroids, according to a 1989 survey by the National Institute on Drug Abuse. This lesson teaches that steroids are dangerous to physical and mental health.

ACTIVITIES:

Using the information on steroids in the Resources section in Part VI, page 22, discuss what steroids are and how they are used.

Explain that some athletes have taken steroids to try to enhance their performance, because the synthetic drug can cause a 10 to 25 percent weight gain within three to six months. Other people have taken steroids to try to enhance their physique or appearance or to become more aggressive in sports competition.

Discuss some of the side effects of steroid use (examples: heart and liver damage, withered testicles, and sterility in males; masculine characteristics in females). Steroids also can cause extremely aggressive behavior, drastic mood swings, and depression. They can cause injuries in two ways: (1) Because athletes who use these drugs are bigger and more aggressive than their bodies normally would allow, they may injure other athletes with whom they come into contact. (2) Steroids make muscles grow, but not the tendons and ligaments that connect them; unnaturally heavy and big muscles put extra stress on tendons and ligaments, causing injury.

Divide the class into groups and assign each group to research one of the following topics: the physical effects of steroid use; the psychological effects of steroid use; the health risks of steroid use; and fairness in competition because of steroid use. Ask each group to prepare a brief presentation on its topic. Discuss the groups' findings with the class.

RESOURCES:

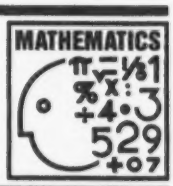
Part VI, page 22 on anabolic steroids.

TEACHER TIPS:

- Discuss how the revelation of steroid use cost Canadian Olympic Medal winner Ben Johnson his title.
- Depending on how in-depth the assignment to research steroids is, conduct this lesson over several class periods.

9–12

What Drugs Cost Families



OBJECTIVE:

To analyze the effects of drugs on a family budget.

BACKGROUND:

Youths ages 14 to 18 are becoming more concerned about drug use and its effects on families and society. This lesson helps them figure out how drug use could drain family finances and lead to other repercussions.

ACTIVITIES:

Discuss the fact that, besides being harmful physically and psychologically, drugs are expensive and can ruin individuals and families financially. Have students plan a monthly budget. Tell them the following factors they must consider in developing the budget:

You are newly married, and the take-home pay from your two salaries is $30,000 a year. However, you do not know that your spouse is addicted to cocaine and is spending $100 a day on that drug.

Have students plan their monthly budget, being sure to include the following:

- housing payment (mortgage or rent);
- car payment (plus insurance, maintenance, and gas);
- electric, water, and gas bills;
- clothing;
- food;
- entertainment;
- furnishings;
- health care (insurance);
- vacation or travel;
- savings and miscellaneous.

RESOURCES:

Budget Planning Guide (next page).

TEACHER TIPS:

- Remind students that an addict is someone who cannot stop using a habit-forming drug and will do anything to get that drug.

(continued on reverse)

Have students fill in the Budget Planning Guide on the next page. Ask students to note how a cocaine habit would affect the family financially. Tell them to mark the budget items they would sacrifice first and last if they didn't have enough money each month to pay for both bills and their spouse's drug habit. Then ask a few students to share their budgets and conclusions with the class. Discuss how the spouse's drug habit would affect family life. Examples are:

- losing your house or car;
- losing your friends or alienating your extended family;
- going into debt;
- divorce;
- arrest and jail;
- loss of physical and mental health.

Budget Planning Guide

Monthly Expenses			Yearly Expenses	
Housing	$		× 12 =	$
Automobile			× 12 =	
Electric, water, and gas			× 12 =	
Clothing			× 12 =	
Food			× 12 =	
Entertainment			× 12 =	
Furnishings			× 12 =	
Health care (insurance)			× 12 =	
Vacation/Travel			× 12 =	
Savings and miscellaneous			× 12 =	
Total Expenses	$	_____	× 12 =	$ _____
Cocaine habit	$	3,000	× 12 =	
Debt due to cocaine			× 12 =	

_____

Expense(s) or item(s) I would sacrifice first:

Expense(s) or item(s) I would sacrifice last:

Grade: (Sample format page for lesson plan development)

Title: **Subject:**

OBJECTIVE:

BACKGROUND:

ACTIVITIES:

RESOURCES:

TEACHER TIPS:

Parental Consent Requirement

The Protection of Pupil Rights Amendment (PPRA) and the implementing regulations, the Students Rights in Research, Experimental Activities, and Testing (34 CFR, Part 98), are intended to ensure greater opportunity for parents to participate in their children's education. These authorities, which apply to programs funded by the U.S. Department of Education (ED), protect the rights of parents and students in two ways. First, all instructional material which will be used in connection with any ED funded research or experimental program must be made available for inspection by parents. Second, no student shall be required under an ED funded program to submit without prior parental consent to any testing or treatment designed to elicit information which will affect attitudes or beliefs if the primary purpose is to reveal any of the seven listed categories of personal information:

1. political affiliation;
2. mental and psychological problems potentially embarrassing to the student or his or her family;
3. sexual behavior and attitudes;
4. illegal, antisocial, self-incriminating and demeaning behavior;
5. critical appraisals of other individuals with whom the student has close family relationships;
6. legally recognized privileged and analogous relationships, such as those of lawyers, physicians, and ministers; or
7. income, other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under a program.

Parent-Child Communication Tips

Throughout this curriculum model, reference has been made to the need for good communication between parent and child. Good communication provides the ongoing basis for children to see their parents as sources of support, information, and help with the many potential problems associated with growing up. Good parent-child communication, therefore, becomes an essential element of all drug prevention efforts. Parents may not always have the skills to communicate effectively with their children especially as the children get older and into preadolescence and adolescence. Schools and their representatives can help parents develop appropriate communication skills by providing information, by directing them to good references on communication, and providing workshops and speakers dealing with parent-child communication.

The material printed below can be shared with parents in a variety of ways. While it would be useful to give this material to parents directly, it is equally important for them to talk about it with others and with professionals who can provide the appropriate context. Therefore, opportunities for communicating about communication should be provided during parent visits to the school and as a part of after-school and evening meetings and programs developed for parents.

Tips for communicating effectively

Children and adults have different communication styles and different ways of responding in conversation. Therefore effective communication between parents and children is not always easy to achieve.

Listening

- Pay attention.
- Don't interrupt.
- Don't prepare what you will say while your child is speaking.
- Reserve judgment until your child has finished and has asked you for a response.

Looking

- Be aware of your child's facial expression and body language. Is your child nervous or uncomfortable—frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed—smiling, looking you in the eyes? Reading these signs will help parents know how the child is feeling.
- During the conversation, acknowledge what your child is saying—move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact.

Responding

- "I am very concerned about . . ." or "I understand that it is sometimes difficult . . ." are better ways to respond to your child than beginning sentences with "You should," or "If I were you," or "When I was your age we didn't. . . ." Speaking for oneself sounds thoughtful and is less likely to be considered a lecture or an automatic response.
- If your child tells you something you don't want to hear, don't ignore the statement.
- Don't offer advice in response to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your child means. Repeat things to your child for confirmation.

Facts About AIDS

Acquired immunodeficiency syndrome (AIDS) is a medical term for a variety of severe conditions related to the breakdown of the body's immune system as a result of infection with the human immunodeficiency virus (HIV), often referred to as the AIDS virus. A damaged immune system leaves a person vulnerable to a wide range of opportunistic cancers and infections—illnesses that a healthy immune system fights off easily. AIDS is the final state in a continuum of conditions resulting from infection with HIV. This continuum ranges from asymptomatic HIV infection (evidenced by development of HIV antibodies), to HIV infection with symptoms, and ultimately to AIDS.

An expanding body of research confirms that the virus is transmitted in three ways:

- Through vaginal, anal, and possibly oral intercourse with a person infected with HIV.
- Through direct entry of infected blood or blood components into the bloodstream, particularly by sharing needles, syringes, and other drug paraphernalia with an infected person during intravenous (IV) drug use.
- From mother to child in utero, during childbirth, or through breast feeding.

No vaccine exists to provide immunity to HIV, nor is there a cure for AIDS or HIV infection. Recent tests with drugs such as zidovudine have suggested that the course of the disease can be slowed, and clinical trials are underway to try to prevent or delay the onset of AIDS in HIV-infected persons.

Asymptomatic persons with HIV infection who look and feel healthy may infect other persons without realizing it. Several years may pass before an infected person shows clinical symptoms of HIV infection or AIDS. As few as a couple of months or as many as 10 or more years may pass from the time of HIV infection until the onset of symptoms. Although many deaths occur within two years of the disease's appearance, some patients have survived for five years and longer.

It is possible to become infected as a result of one exposure to infected blood, semen, or vaginal fluid; the risk seems to increase with repeated exposure through sexual intercourse or through sharing IV needles with HIV-infected persons.

Numerous scientific studies have shown that the AIDS virus, HIV, is not spread by indirect or casual (nonintimate) contact—for example, sneezing, shaking hands, hugging, perfunctory kissing, or being in the same classroom with someone who is infected.

Although the virus has been found in the tears, urine, and saliva of some infected persons, there are no documented cases of transmission through these mediums. A small number of health care workers have become infected through direct contact with HIV-infected blood. Among all AIDS cases reported in the United States, the cause of HIV transmission is undetermined in only 3 percent.

High risk factors for adolescents

Several factors cause public health officials to be concerned that adolescents specifically are at risk of infection and of spreading HIV. These include:

- Amount of sexual activity. Half of all teenage girls in high school have had sexual intercourse, and 16 percent report having had four or more partners. In addition, 57 percent of 17-year-olds have had sexual intercourse.
- Lack of protection during sexual intercourse. Only one-third of sexually active teenagers use contraceptives regularly. Some 1.5 million teenagers—or one in 10—become pregnant each year.
- Prevalence of sexually transmitted diseases (STDs). Some 2.5 million teenagers contracted an STD in 1987, according to the Center for Disease Control. In addition to the evidence of teenage sexual activity provided by these data, research scientists consider some STDs to be a significant factor relating to susceptibility in HIV infection.
- Homosexual activity. Sexual experimentation by teenagers sometimes includes homosexual activity. Research in this area is considered incomplete, and the actual incidence of homosexual

activity among adolescent males is not known. But risky sexual behavior places some young men at particular risk of HIV infection.

- Sexual abuse. The true incidence of child abuse is not known, but an estimated 250,000 to 500,000 children are sexually abused each year, according to a 1985 study by the Division of Maternal and Child Health, U.S. Department of Health and Human Services.
- Homeless youth. An estimated one million teenagers run away or are "pushed out" of their homes each year, many of whom become drug users and prostitutes. A study in New York found that 7 percent of homeless teenagers in that state are infected with the AIDS virus.
- Drug use. Surveys of approximately 10,000 high school students in 1987–88 about HIV-related behaviors (IV drug use and sexual intercourse) revealed that the percentage of students who reported ever injecting cocaine, heroin, or other illegal drugs ranged from 2.8 percent to 6.3 percent; more males than females reported this behavior, and the injection of illicit drugs was found to be more common among 17- to 18-year-olds than among younger students.

In addition to the high risk of HIV infection associated with intravenous drug use, drug use lowers inhibitions toward risky sexual behavior and can lower the body's immune responses.

Some teenagers are at greater risk of HIV infection than others because of an increased probability that they will engage in risk behaviors or because of an increased prevalence of HIV infection in their communities. Young people may be more likely to engage in risk behaviors in communities where IV drug use is common and where many teenagers become sexually active at an early age. In such communities, the prevalence of HIV infection may be or has the potential for being high, thus increasing the risk.

Misconceptions among youth about AIDS

Many teenagers do not know the basic facts about AIDS. A 1986 study of young people in San Francisco revealed that 30 percent believed that AIDS could be cured if treated early and one-third did not know that AIDS could not be transmitted by merely touching someone with AIDS or by using a friend's comb. In addition, 22 percent of Massachusetts teenagers in a 1986 study did not know that AIDS can be transmitted by semen and 29 percent were unaware that it can be transmitted by vaginal secretions.

(Adapted from *Reducing the Risk: A School Leader's Guide to AIDS Education*, © 1989 by the National School Boards Association.)

Signs of Drug Use

Changing patterns of performance, appearance, and behavior may signal use of drugs. The items in the first category listed below provide direct evidence of drug use; the items in the other categories offer signs that may indicate drug use. For this reason, adults should look for extreme changes in children's behavior, changes that together form a pattern associated with drug use. (Note: Many of these signs may also be exhibited by a child who is not using drugs but who may be having other problems at school or in the family.)

Signs of drugs and drug paraphernalia

- Possession of drug-related paraphernalia such as pipes, rolling papers, small decongestant bottles, or small butane torches.
- Possession of drugs or evidence of drugs, peculiar plants, or butts, seeds, or leaves in ashtrays or clothing pockets.
- Odor of drugs, smell of incense or other "cover-up" scents.

Identification with drug culture

- Drug-related magazines, slogans on clothing.
- Conversation and jokes that are preoccupied with drugs.
- Hostility in discussing drugs.

Signs of physical deterioration

- Memory lapses, short attention span, difficulty in concentration.
- Poor physical coordination, slurred or incoherent speech.
- Unhealthy appearance, indifference to hygiene and grooming.
- Bloodshot eyes, dilated pupils.

Dramatic changes in school performance

- Distinct downward turn in student's grades—not just from C's to F's, but from A's to B's and C's. Assignments not completed.
- Increased absenteeism or tardiness.

Changes in behavior

- Chronic dishonesty (lying, stealing, cheating). Trouble with the police.
- Changes in friends, evasiveness in talking about new ones.
- Possession of large amounts of money.
- Increasing and inappropriate anger, hostility, irritability, secretiveness.
- Reduced motivation, energy, self-discipline, self-esteem.
- Diminished interest in extracurricular activities and hobbies.
- Association with drug-using friends.

School and Community Resources

ACTION Drug Prevention Program. ACTION, the Federal volunteer agency, works at the local, State, and national levels, to encourage and help fund the growth of youth, parents, and senior citizen groups and networks committed to helping youth remain drug free. ACTION can provide *Kids and Drugs: A Youth Leaders' Handbook* and a brochure called *Idea Exchange*, which outlines 32 drug-free activities for children and teens, including ideas for speakers, publicity, community involvement, and projects. 806 Connecticut Ave., NW, Suite M-606, Washington, DC 20525. (202) 634-9292.

American Council for Drug Education (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 204 Monroe St., Suite 110, Rockville, MD 20852. (301) 294-0600.

Committees of Correspondence. This organization provides a newsletter and bulletins on issues, ideas, and contacts. Publishes a resource list and pamphlets. Membership is $15.00. 57 Conant St., Room 113, Danvers, MA 09123. (617) 774-2641.

Drug-Free Schools and Communities—Regional Centers Program, U.S. Department of Education. This program is designed to help local school districts, State education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region:

Northeast Regional Center for Drug-Free Schools and Communities
12 Overton Ave.
Sayville, NY 11782-0403
(516) 589-7022

Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont

Southeast Regional Center for Drug-Free Schools and Communities
100 Edgewood Avenue
Suite 1110
Atlanta, GA 30303
(404) 688-9227

Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, and Puerto Rico

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Midwest Regional Center for Drug-Free Schools and Communities
2001 N. Clybourn
Suite 302
Chicago, IL 60614
(312) 883-8888

Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin

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Southwest Regional Center for Drug-Free Schools and Communities
555 Constitution Ave.
Norman, OK 73037
(405) 325-1454

Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah

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Western Regional Center for Communities
101 S.W. Main St., Suite 500
Portland, OR 97204
(503) 275-9476
(800) 547-6339 (outside Oregon)

Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands, and Republic of Palau

Drug-Free Schools and Communities—State and Local Programs, U.S. Department of Education. This program provides each State educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your State, contact the U.S. Department of Education, Drug-Free Schools Staff, 400 Maryland Avenue, SW, Washington, DC 20202-6151. (202) 732-4599.

Families in Action. This organization maintains a drug information center with more than 200,000 documents. Publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. $25 for four issues. 1196 Henderson Mill Rd., Suite 204, Atlanta, GA 30345. (404) 934-6364.

"Just Say No" Clubs. These nationwide clubs provide support and positive peer reinforcement to youngsters through workshops, seminars, newsletters, walk-a-thons, and a variety of other activities. Clubs are organized by schools, communities, and parent groups. "Just Say No" Foundation, 1777 N. California Blvd., Suite 200, Walnut Creek, CA 94596. 1-800-258-2766 or (415) 939-6666.

Narcotics Education, Inc. This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use: *WINNER* for preteens and *LISTEN* for teens. 6830 Laurel St., NW, Washington, DC 20012. 1-800-548-8700, or in the Washington, DC, area, call (202) 722-6740.

Parents' Resource Institute for Drug Education, Inc. (PRIDE). This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug use survey service. It conducts an annual conference; publishes a newsletter, a youth group handbook, and other publications; and sells and rents books, films, videos, and slide programs. Membership is $20. Woodruff Bldg., Suite 1002, 100 Edgewood Ave., Atlanta, GA 30303. 1-800-241-9746.

TARGET. Conducted by the National Federation of State High School Associations, an organization of interscholastic activities associations, TARGET offers workshops, training seminars, and an information bank on chemical use and prevention. It has a computerized referral service to substance abuse literature and prevention programs. National Federation of State High School Associations, 11724 Plaza Circle, P.O. Box 20626, Kansas City, MO 64195. (816) 464-5400.

Toughlove. This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, avoidance of blame, and action. It publishes a newsletter, brochures, and books and holds workshops. P.O. Box 1069, Doylestown, PA 18901. 1-800-333-1069 or (215) 348-7090.

U.S. Clearinghouse. (A publication list is available on request, along with placement on a mailing list for new publications. Single copies are free.) National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. 1-800-SAY-NOTO.

This organization (NCADI) combines the clearinghouse activities previously administered by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and the National Institute on Drug Abuse (NIDA).

Sources of Information

The Department of Education does not endorse private or commercial products or services, or products or services not affiliated with the Federal government. The sources of information listed on this and the following pages are intended only as a partial listing of the resources that are available to readers of this publication. Readers are encouraged to research and inform themselves of the products or services, relating to drug and alcohol abuse, that are available to them. Readers are encouraged to visit their public libraries to find out more about the dangers of drug and alcohol abuse, or to call local, State, or national hotlines for further information, advice, or assistance.

Toll-Free Information

1-800-COCAINE—Cocaine Helpline

A round-the-clock information and referral service. Recovering cocaine addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

1-800-NCA-CALL—National Council on Alcoholism Information Line

The National Council on Alcoholism, Inc., is the national nonprofit organization combating alcoholism, other drug addictions, and related problems. Provides information about NCA's State and local affiliates' activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.

1-800-662-HELP—NIDA Hotline

NIDA Hotline, operated by the National Institute on Drug Abuse, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed in response to inquiries.

1-800-241-9746—PRIDE Drug Information Hotline

A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE), refers concerned parents to parent groups in their State or local area, gives information on how parents can form a group in their community, provides telephone consultation and referrals to emergency health centers, and maintains a series of drug information tapes that callers can listen to, free of charge, by calling after 5:00 p.m.

Sources of Free Catalogs of Alcohol and Other Drug Use Publications

Comp Care Publications. A source for pamphlets, books, and charts on drug and alcohol use, chemical awareness, and self-help. 1-800-328-3330 or (612) 559-4800.

Hazelden Educational Materials. A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. 1-800-328-9000. In Minnesota, call (612) 257-4010 or 1-800-257-0070.

National Council on Alcoholism. A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. (212) 206-6770.

Johnson Institute. A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. 1-800-231-5165. In Minnesota, 1-800-247-0484 and in Minneapolis/St. Paul area, 944-0511.

National Association for Children of Alcoholics. A source for books, pamphlets, and handbooks for children of alcoholics. Conducts regional workshops and provides a directory of local members and meetings. (714) 499-3889.

General Readings

Publications listed below are free unless otherwise noted.

Adolescent Drug Abuse: Analyses of Treatment Research, by Elizabeth R. Rahdert and John Grabowski, 1988. This 139-page book assesses the adolescent drug users and offers theories, techniques, and findings about treatment and prevention. It also discusses family-based approaches. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Adolescent Peer Pressure Theory, Correlates, and Program Implications for Drug Abuse Prevention, by the U.S. Department of Health and Human Services, 1988. This 115-page book focuses on constructive ways of channeling peer pressure. This volume was developed to help parents and professionals understand the pressures associated with adolescence, the factors associated with drug use, and other forms of problem behavior. Different peer program approaches, ways in which peer programs can be implemented, and research suggestions are included. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Building Drug-Free Schools, by Richard A. Hawley, Robert C. Peterson, and Margaret C. Mason, 1986. This four-part drug prevention kit for grades K–12 provides school staff, parents, and community groups with suggestions for developing a workable school drug policy, K–12 curriculum, and community support. The kit consists of three written guides ($50) and a film ($275). American Council for Drug Education, 204 Monroe Street, Suite 110, Rockville, MD 20852. (301) 294-0600.

The Challenge newsletter highlights successful school-based programs, provides suggestions on effective prevention techniques, and the latest research on drugs and their effects. Published bimonthly by the U.S. Department of Education and available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Courtwatch Manual. A 111-page manual explaining the court system, the criminal justice process, Courtwatch activities, and what can be done before and after a criminal is sentenced. Washington Legal Foundation, 1705 N Street, NW, Washington, DC 20036. Enclose $5 for postage and handling. (202) 857-0240.

Drug Prevention Curricula: A Guide to Selection and Implementation, by the U.S. Department of Education, 1988. Written with the help of a distinguished advisory panel, this 76-page handbook represents the best current thinking about drug prevention education. It shows what to look for when adopting or adapting ready-made curricula, and suggests important lessons that ought to be part of any prevention education sequence. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

National Trends in Drug Use and Related Factors Among American High School Students, 1975–1986, by Jerald G. Bachman, Lloyd D. Johnston, and Patrick M. O'Malley, 1987. A 265-page book reporting on trends in drug use and attitudes of high school seniors, based on an annual survey conducted since 1975. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Getting Tough on Gateway Drugs, by Robert DuPont, Jr., 1985. A 330-page book describing the drug problem, the drug-dependence syndrome, the gateway drugs, and the ways that families can prevent and treat drug problems. American Psychiatric Press, Inc., 1400 K St., NW, Suite 1101, Washington, DC 20005, paperback, $9.95. 1-800-368-5777 and in the DC area (202) 682-6269.

Gone Way Down: Teenage Drug-Use Is a Disease, by Miller Newton, 1981, revised 1987. This 72-page book describes the stages of adolescent drug use. American Studies Press, paperback, $3.95. (813) 961-7200.

Growing Up Drug Free: A Parent's Guide to Prevention, U.S. Department of Education, 1990. A 56-page booklet featuring information on what children should know at key stages of development, suggested activities to reinforce an anti-drug message in the home, effects of drugs, and available resources. National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852. 1-800-SAY-NOTO or 1-800-624-0100 for the Department of Education.

Kids and Drugs: A Handbook for Parents and Professionals, by Joyce Tobias, 1986, reprinted 1987. A 96-page handbook about adolescent drug and alcohol use, the effects of drugs and the drug culture, stages of chemical use, the formation of parent groups, and available resources. PAANDA Press, 4111 Watkins Trail, Annandale, VA 22003, paperback, $4.95 (volume discounts). (703) 750-9285.

Parents, Peers and Pot II: Parents in Action, by Marsha Manatt, 1983, reprinted 1988. A 160-page book that describes the formation of parent groups in rural, suburban, and urban communities. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Peer Pressure Reversal, by Sharon Scott, 1985, reprinted 1988. A 183-page guidebook for parents, teachers, and concerned citizens to enable them to teach peer pressure reversal skills to children. Human Resource Development Press, 22 Amherst Road, Amherst, MA 01002, paperback, $9.95. (413) 253-3488.

Pot Safari, by Peggy Mann, 1982, reprinted 1987. A 134-page book for parents and teenagers. Distinguished research scientists are interviewed on the subject of marijuana. Woodmere Press, Cathedral Finance Station, P.O. Box 20190, New York, NY 10125, paperback, $6.95 plus shipping (volume, discounts). (212) 678-7839.

Strategies for Controlling Adolescent Drug Use, by Michael J. Polich et al., 1984. This 196-page book reviews the scientific literature on the nature of drug use and the effectiveness of drug law enforcement, treatment, and prevention programs. The Rand Corporation, 1700 Main St., P.O. Box 2138, Santa Monica, CA 90406-2138, R-3076-CHF, paperback $15.00. (213) 393-0411.

Team Up for Drug Prevention With America's Young Athletes. A free booklet for coaches that includes information about alcohol and other drugs, reasons why athletes use drugs, suggested activities for coaches, a prevention program, a survey for athletes and coaches, and sample letters to parents. Drug Enforcement Administration, Demand Reduction Section, 1405 I St., NW, Washington, DC 20537. (202) 786-4096.

The Fact Is . . . You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children, 1988. This 17-page booklet includes audiovisuals, program descriptions, and professional and organizational resources to assist educators and parents of young children. Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

What Works: Schools Without Drugs, U.S. Department of Education, 1986, revised 1989. A handbook for developing a comprehensive antidrug program involving parents, students, schools, and communities. National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852. 1-800-SAY-NOTO, or 1-800-624-0100 for the Department of Education.

Videotapes

The following drug prevention videos were developed by the U.S. Department of Education. They are available for loan through the Department's Regional Centers listed in Part VI, page 6 and the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852; 1-800-SAY-NOTO.

Elementary School

The Drug Avengers. Ten 5-minute animated adventures that urge caution about ingesting unfamiliar substances; encourage students to trust their instincts when they think something is wrong; and show that drugs make things worse, not better.

Fast Forward Future. A magical device allows youngsters to peer into the future and see on a TV screen what will happen if they use drugs and what will happen if they remain drug free.

Straight Up. A fantasy adventure that features information on the effects of drugs, developing refusal skills, building self-esteem, and resisting peer pressure.

Junior High

Straight at Ya. Tips on peer pressure, saying no, and building self-esteem.

Lookin' Good. A two-part series based on actual incidents that convey the dangers of drug use and promote the use of peer support groups.

High School

Hard Facts About Alcohol, Marijuana, and Crack. Offers factual information about the dangers of drug use in a series of dramatic vignettes.

Speak Up, Speak Out: Learning to Say No to Drugs. Gives students specific techniques they can use to resist peer pressure and say no to drug use.

Dare to Be Different. Uses the friendship of two athletes in their last year of high school to illustrate the importance of goals and values in resisting pressures to use drugs.

Downfall: Sports and Drugs. Shows how drugs affect athletic performance and examines the consequences of drug use, including steroid use, on every aspect of an athlete's life—career, family, friends, sense of accomplishment, and self-esteem.

Private Victories. Illustrates the effects of drug and alcohol use on students and the value of positive peer influences in resisting peer pressure to use drugs.

Other Videotapes

Say No! to Drugs. A videotape that offers a practical, easy-to-follow approach to improve family communications, particularly on the subject of adolescent drug and alcohol use. It includes interviews with experts in the field. NIMCO, P.O. Box 009-GAM, Calhoun, KY 42327. 1-800-962-6662. $64.95.

Specific Drugs and Their Effects

Tobacco

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease—some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung disease such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman/mother is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the increased risk of heart attack dissipates after 10 years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

Alcohol

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco Gold Thai Sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydro-cannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish Oil	Hash Oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

Inhalants

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets	Propellant for whipped cream in aerosol spray can Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb)	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chlorohydro-carbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Blow Nose candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages Injected Smoked
Crack	Freebase rocks Rock	Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

Other Stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed Uppers Ups Black Beauties Pep Pills Copilots Bumblebees Hearts Benzedrine Dexedrine Footballs Biphetamine	Capsules Pills Tables	Taken orally Injected Inhaled through nasal passages
Methamphetamines	Crank Crystal Meth Crystal Methedrine Speed	White powder Pills A rock that resembles a block of paraffin	Taken orally Injected Inhaled through nasal passages
Additional Stimulants	Ritalin Cylert Preludin Didrex Pre-State Voranil Tenuate Tepanil Pondimin Sandrex Plegine Ionamin	Pills Capsules Tablets	Taken orally Injected

Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multipy the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers Barbs Blue Devils Red Devils Yellow Jacket Yellows Nembutal Seconal Amytal Tuinals	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Tablets Capsules	Taken orally

Hallucinogens

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instinct in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders—depression, anxiety, and violent behavior—also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel Dust Loveboat Lovely Hog Killer Weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked—can be sprayed on cigarettes, parsley, and marijuana
Lysergic Acid Diethylamide	LSD Acid Green or Red Dragon White Lightning Blue Heaven Sugar Cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs—chewed, swallowed, or smoked Tablets and capsules—taken orally
Psilocybin	Magic mushrooms Mushrooms	Fresh or dried mushrooms	Chewed and swallowed

Narcotics

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown Sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tarlike substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with Codeine Tylenol with Codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Opium	Paregoric Dover's Powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other Narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

Designer Drugs

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphoriants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and fainting. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusion, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analogs of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder identically resembling heroin	Inhaled through nasal passages Injected
Analogs of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin) MPPP PEPAP	White powder	Inhaled through nasal passages Injected
Analogs of Amphetamines and Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB EVE	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analogs of Phencyclidine (PCP)	PCPy PCE TCP	White powder	Taken orally Injected Smoked

Anabolic Steroids

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (if steroids are being used in conjunction with a weight training program); behavioral changes, particularly increased aggressiveness and combativeness; jaundice, purple or red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.

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